



KENT COUNTY COUNCIL
AND
KENT INSURANCE COMMITTEE.

Second Annual Report

UPON
TUBERCULOSIS

AND THE
Administration of Sanatorium Benefit

BY
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* Indicates Representatives of County Council.



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COUNTY MEDICAL OFFICER'S DEPARTMENT,
SESSIONS HOUSE,
MAIDSTONE,

February 14th, 1915.

To the Members of the Kent County Council and of the Kent Insurance Committee.

MY LORDS, LADIES AND GENTLEMEN,

I beg to present herewith my second Annual Report upon Tuberculosis and upon the Administration of Sanatorium Benefit in the County of Kent.

In my first Annual Report I gave a full account of Tuberculosis, and a detailed description of the County Tuberculosis Scheme, showing that the organisation, in Kent, had been placed upon a sound basis. For certain particulars, which do not appear in this report, I would therefore refer you to that report.

The period under review, in this Report, is for the year ending December 31st, 1914, and a perusal of the following pages will show that many energetic measures have been continued in attacking Tuberculosis in the County, and that in spite of the war, which might have checked considerably the progress of the attempt now being made to control and stamp out tuberculosis, steady and continuous progress has been made in the County. These measures, however, are not yet complete, and further extensions are necessary in order to insure still greater success.

From the date of inception of the County Tuberculosis Scheme in Kent to the present time, is too short a period to speak definitely as to the "results of treatment." A longer trial will, therefore, be necessary before reliable statements can be made.

At the same time I am firmly convinced that you have adopted measures, which will eventually be successful in producing a marked diminution of this dreaded disease.

I wish to thank you for the encouragement and support which you have always given to me in this important work.

I desire also to record my appreciation of the enthusiasm and skill with which the five whole-time district tuberculosis officers have carried out all their duties. It is fitting that I should acknowledge specially the valuable assistance, which I have received throughout from Dr. West, in the great and increasing amount of administrative detail, which is necessary, in order to continue this important campaign. Dr. West has also assisted me considerably in the preparation of this report.

The tuberculosis nurses and clerks have also carried out their duties in a highly creditable manner.

I am, my Lords, Ladies and Gentlemen,
Your obedient servant,

ALFRED GREENWOOD.

PART I.

Section I.—Infectivity of Tuberculosis.

Section II.—Notifications for the year 1914, and various annual death-rates as indications of the prevalence of Tuberculosis in Kent.

Section III.—Special preventive measures adopted in the County during 1914.

SECTION I.

Infectivity of Tuberculosis.

For certain general observations on the causes, prevalence and prevention of tuberculosis I would refer you to pages 12 to 28 in my Report on Tuberculosis and the administration of Sanatorium Benefit for the year 1913.

It may, however, be of interest if I reproduce here an interesting extract on the "*Infectivity of Pulmonary Tuberculosis*" from the Report of the Medical Officer of the Local Government Board for 1913.

This extract is as follows :—

"The Royal College of Physicians recently passed the following resolution :—

"That in view of the exaggerated fear of the infectivity of pulmonary tuberculosis entertained by the public, the consequent unnecessary disabilities imposed upon sufferers from the disease, and the opposition raised in many places to the establishment of institutions for its detection and treatment, a reassuring statement with regard to the degree of danger attaching to contact and communication with tuberculous persons be prepared by the College and issued in its name, at an early date.

"A Committee was appointed, consisting of Sir Seymour Sharkey, Drs. Habershon, Sandwith, Fremantle and C. J. Martin, and the report of this Committee, which was approved by the College, is given below. It is inserted here as likely to be useful to medical officers of health. It embodies the chief facts on the strength of which the machinery for the administrative control of tuberculosis, now forming a large part of the work of the medical department of the Board and of medical officers of health, has been initiated.

Report on the Infectivity of Tuberculosis.

"1.—Tuberculosis is an acquired disease, but certain constitutional types may be inherited which render the patient specially susceptible to infection, and there is reason to think that such susceptibility is an inherited character.

"2.—The infective agent is the tubercle bacillus. This may be contained in the various discharges and excreta of the patient, and especially in the sputum of those suffering from pulmonary tuberculosis. No discharge is infective unless it contains the tubercle bacillus.

“3.—Cases of tuberculosis of bones, glands, and internal organs from which there is no discharge or which do not furnish any excretion, and cases of arrested pulmonary tuberculosis, have never been proved to be infectious.

“ (By arrest is here meant that all the symptoms and physical signs of activity have disappeared, and the sputum has either ceased, or no longer contains tubercle bacilli).

“4 —The means by which tubercle bacilli may enter the body are :

“ (a) By inoculation through a wound or abrasion of the skin. This has occasionally occurred to workers in laboratories, post-mortem attendants, and others dealing with tuberculous material, and is presumably the way in which lupus is acquired.

“ (b) By inhalation.—Susceptible animals are readily infected by the inhalation of air containing tubercle bacilli, whether in droplets or suspended as fine dust, but in the spread of the disease among human beings the latter appears to be the more important means of infection. The sputum or other discharges, whether on soiled handkerchiefs, linen, garments, or elsewhere, when dried, may become pulverised, and in this condition may be readily dispersed in the air of a room. That droplets of sputum are less important agents of infection is suggested by the fact that the incidence of consumption upon the staff, nurses, and others engaged in hospitals for the treatment of tuberculous disease, where all discharges are carefully disposed of, is not above the average in the general population.

“ (c) By swallowing.—Dust infected by the tubercle bacillus may be conveyed to food and so enter the alimentary canal ; or infection may occur more directly in the act of kissing, or by consumptive and healthy persons using the same food utensils. As about 10 per cent. of the milk supplied to large cities contains tubercle bacilli derived from infected cows, this avenue of infection is particularly important in the case of children. The bovine tubercle bacillus is more commonly responsible for tuberculosis in young children than in adults, but the proportion of cases due to it varies very much in different localities.

“ (d) There is no evidence that tuberculosis can be conveyed to others either by the breath alone, or by emanations from patients, or by their garments, unless soiled by dried sputum or discharges.

“ 5.—The spread of tuberculosis is favoured by uncleanliness, overcrowding, and imperfect ventilation, and is hindered by the opposite conditions. Experience in hospitals and other institutions where the following precautionary measures have been thoroughly carried out indicates that by such measures the risk of infection is reduced to a minimum, namely :—

- “ (a) The careful disposal and disinfection of the sputum and other discharges.
- “ (b) The disinfection or destruction of soiled handkerchiefs, clothes, and linen.
- “ (c) The removal of dust by frequent moist cleansing of the floors, walls, etc., of the rooms.
- “ (d) The supply of abundant air space and free ventilation with fresh air.

“ No risk is incurred by living in the immediate neighbourhood of institutions for the treatment of tuberculosis which are properly conducted.”

SECTION II.

Notifications for the year 1914 and various annual death-rates as indications of the prevalence of Tuberculosis in Kent.

For certain important observations on the subject of the notification of tuberculosis I would also refer you to my Annual Report for 1913.

All forms of tuberculosis, whether pulmonary or otherwise, have been rendered compulsorily notifiable, since February 1st, 1913.

At the beginning of each week, as County Medical Officer of Health, I obtain a statement of all notifications which have been received, during the previous week, by the district medical officers of health in the county, from general medical practitioners, in their respective areas.

So far as I am able to judge, such notification is far from complete. In this connection I quote the following from my (Annual) Report for 1913 :—

“In the Annual Report of the Local Government Board for 1912-13, Dr. Newsholme states that the proportion between notifications of, and deaths from, pulmonary tuberculosis varies greatly in different parts of the country, and in different parts of the same administrative county, in some areas the notified cases only equalling or not much exceeding the deaths, while in other areas notified cases number four times the deaths. Although no certain inference can be drawn from these differences until after several years' experience has accumulated, the medical officer of health of a district in which the notifications of phthisis do not number more than twice the deaths from this disease, may advisedly consider whether in his area there is not failure to notify, and whether the local administrative arrangements for the control of tuberculosis are such as to ensure the confidence of the local medical practitioners and patients.”

The two following tables show the number of notifications of tuberculosis which have been received in the Administrative County of Kent for the period from January 4th, 1914, to January 2nd, 1915, classified according to age, sex, pulmonary or non-pulmonary type, and also arranged in the urban and rural districts of the county :—

Public Health (Tuberculosis) Regulations, 1912.

Summary of Notifications during the period from the 4th January, 1914, to the 2nd January, 1915, in the County of Kent.

Age-periods.	Notifications on Form A.										Notification on Form B. †				Number of Notifications on Form C.			
	Number of Primary Notifications.*										Number of Primary Notifications.*				Total Notifications on Form B.	Poor Law Institutions.	Sana- toria.	
	Total Notifications on Form A.										un- der 5	5 to 10	10 to 15	Total Prim- ary Notifi- cations				
	Total Primary Notifications.																	
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65								65 and up-wards.	Total Primary Notifications.
Pulmonary Males ...	7	14	68	47	53	92	221	186	87	54	20	849	852	6	8	14	36	61
Females ...	6	10	81	100	78	124	199	134	69	33	14	848	850	7	8	15	21	23
Non-pulmonary Males ...	19	36	58	41	22	16	28	15	4	4	5	248	248	7	7	14	3	5
Females ...	7	29	35	43	28	31	31	15	11	3	1	234	234	5	7	12	4	—

In filling up the form the following notes should be carefully observed :—
Patients notified as suffering from both pulmonary and non-pulmonary disease should be included among the “ pulmonary ” returns only.
All notifications on Form D should be disregarded in preparing this return.
*PRIMARY NOTIFICATIONS relate to patients who have not previously been notified in this or former years, either on Form A or on Form B, in the area to which the return relates. Any additional notification of a case which has been previously notified in the area is to be regarded as duplicate. (NOTE.—No primary notifications should be made on Form C.)
†A School Medical Inspector, or the Medical Officer of Health of a county, county borough, or other district, if acting as a School Medical Inspector, is required to notify on Form B all cases of tuberculosis discovered in the course of inspection of children attending public elementary schools whether or not these have previously been notified.
Cols. 2-13. Only those cases which have been notified for the first time during the year on Form A in the area concerned, and which have never previously been notified in the area, either on Form A or on Form B, should be included in these columns.
Col. 14. The object of this column is to show the extent to which duplicate notification of the same case occurs on Form A, and all notifications on Form A, whether duplicate or not, should be included in this column.
Cols. 15-18. Only those cases which have been notified for the first time during the year on Form B in the area concerned, and which have never previously been notified in the area, either on Form A or on Form B, should be included in these columns.
Col. 19. All notifications which have been made during the year on Form B in the area concerned, whether the cases have previously been notified in the area, or not, either on Form A or on Form B, should be included in this column.
Col. 21. Only notifications on Form C made by the Medical Officers of Sanatoria, as defined in the Tuberculosis Regulations, should be entered in this column.

TABLE 2.—Number of cases of tuberculosis notified in Kent under the Public Health (Tuberculosis) Regulations, 1912, from January 4th, 1914, to January 2nd, 1915.

URBAN DISTRICTS.	Pul.	Other	Total.	RURAL DISTRICTS.	Pul.	Other	Total.
Ashford	15	4	19	Ashford, East ...	14	8	22
Beckenham	52	22	74	Ashford, West ...	10	5	15
Bexley	8	1	9	Blean	9	2	11
Broadstairs and St. Peter's	22	2	24	Bridge	11	0	11
Bromley (Borough)...	54	16	70	Bromley	24	5	29
Chatham (Borough)	95	24	119	Cranbrook	15	5	20
Cheriton	17	1	18	Dartford	65	29	94
Chislehurst	8	3	11	Dover	6	0	6
Dartford	35	9	44	Eastry	14	3	17
Deal (Borough) ...	11	2	13	Elham	9	2	11
Dover (Borough) ...	53	30	83	Faversham	18	6	24
Erith... ..	53	8	61	Hollingbourn ...	19	4	23
Faversham (Borough)	11	4	15	Hoo	8	2	10
Folkestone (Borough)	114	23	137	Maidstone	15	6	21
Footscray	7	4	11	Malling	39	11	50
Gillingham (Borough)	97	20	117	Milton	17	4	21
Gravesend (Borough)	48	25	73	Romney Marsh ...	4	2	6
Herne Bay	13	8	21	Sevenoaks	80	3	93
Hythe (Borough) ...	7	1	8	Sheppey	14	3	17
Lydd (Borough) ...	3	0	3	Strood	19	5	24
Maidstone (Borough)	75	12	87	Tenterden	11	1	12
Margate (Borough) ...	43	28	71	Thanet	19	6	25
Milton Regis	11	4	15	Tonbridge	30	6	36
New Romney (Borough)	3	0	3				
Northfleet	22	19	41	Total in Rural Dists.	470	128	598
Penge	34	10	44	„ „ Urban „	1256	389	1636
Queenborough (Borough)	2	1	3				
Ramsgate (Borough)	99	27	126				
Rochester (City) ...	62	9	71	Total for County ...	1726	508	2234
Sandgate	4	0	4				
Sandwich (Borough)	3	1	4				
Sevenoaks	22	9	31				
Sheerness	31	4	35				
Sittingbourne	19	10	29				
Southborough	7	4	11				
Tenterden (Borough)	1	1	2				
Tonbridge	16	6	22				
Tunbridge Wells (Borough)	50	27	77				
Walmer	4	0	4				
Whitstable	19	1	20				
Wrotham	6	0	6				
Total	1256	380	1636				

The numbers of deaths from tuberculosis in Kent during the year 1914 are not yet available. For purposes of comparison between the notifications of, and deaths from, phthisis in the County of Kent during 1914, however, I have included tables showing the number of

deaths which occurred during the year 1913, and also the average number of deaths from phthisis in the Administrative County during the five years 1909 to 1913.

TABLE 3.—Deaths from Phthisis and other Tuberculous Diseases in the **Urban Districts** of the Administrative County of Kent during the years 1909, 1910, 1911, 1912, and 1913.

DISTRICT.	Estimated Population 1913.	Deaths from Phthisis.						Deaths from other Tuberculous Diseases.						Average No. of deaths from Tuberculosis.	Annual death-rate from Pulmonary Tuberculosis.
		1909	1910	1911	1912	1913	Average of five years.	1909	1910	1911	1912	1913	Average of five years.		
Ashford	13,869	16	13	16	9	8	12	5	3	4	2	5	4	16	0·87
Beckenham	32,987	15	21	18	21	18	19	7	4	4	8	9	6	25	0·50
Bexley	17,000	7	11	15	9	6	10	5	6	8	9	5	7	17	0·59
Broadstairs and St. Peter's	9,601	4	4	5	9	7	6	3	4	3	1	4	3	9	0·63
Bromley (Borough)...	35,064	19	16	21	24	16	19	16	4	6	11	6	9	28	0·55
Chatham (Borough)...	43,450	39	50	64	60	56	54	20	10	9	16	22	15	69	1·25
Cheriton	7,956	2	4	6	9	8	6	1	2	1	4	1	2	8	0·76
Chislehurst	8,971	6	3	3	3	7	4	2	0	0	0	4	1	8	0·45
Dartford	25,937	15	16	14	18	17	16	5	7	7	9	5	7	21	0·62
Deal (Borough) ...	11,458	6	8	11	10	13	10	8	2	3	2	3	4	14	0·88
Dover (Borough) ...	43,992	37	33	41	50	41	40	20	27	27	9	16	20	60	0·91
Erith	30,100	17	16	17	33	20	21	11	10	10	6	7	9	30	0·70
Faversham (Borough)	10,800	7	7	14	7	10	9	0	8	8	4	4	5	14	0·84
Folkestone (Borough)	34,163	28	36	28	23	26	28	9	14	4	15	17	12	40	0·82
Footscray	8,893	3	4	5	0	1	3	2	0	0	3	2	1	4	0·34
Gillingham (Borough)	54,072	42	46	43	53	53	47	6	13	16	12	16	13	60	0·87
Gravesend (Borough)	28,320	31	31	36	28	26	30	4	4	10	8	8	7	37	1·06
Herne Bay	8,040	4	10	9	10	12	9	4	4	3	0	1	2	11	1·12
Hythe (Borough) ...	6,546	8	8	7	4	2	6	2	2	1	2	2	2	8	0·92
Lydd (Borough) ...	2,900	1	4	2	3	3	3	1	0	0	0	1	0	3	1·04
Maidstone	35,944	29	42	54	36	38	40	20	12	10	9	8	12	52	1·12
Margate	28,000	35	38	28	29	14	29	16	12	8	9	12	11	40	1·04
Milton Regis... ..	7,500	8	6	8	7	4	7	1	1	1	7	0	2	9	0·94
New Romney (Boro')	1,333	1	0	1	1	1	1	0	0	0	0	0	0	1	0·76
Northfleet	14,500	12	6	20	11	9	12	10	4	4	5	5	6	18	0·83
Penge	22,434	25	22	18	19	14	20	4	6	9	14	14	9	29	0·90
Queenborough (Boro')	3,000	1	3	1	1	1	1	0	0	1	1	0	0	1	0·34
Ramsgate (Borough)	30,043	38	41	28	26	31	33	8	4	11	14	8	9	42	1·10
Rochester (City) ...	31,571	34	26	34	35	29	32	10	10	17	10	6	11	43	1·02
Sandgate	2,830	1	0	2	0	0	1	0	0	0	0	0	0	1	0·36
Sandwich (Borough)	3,040	3	3	3	2	4	3	2	0	1	0	1	1	4	0·99
Sevenoaks	9,443	6	3	5	7	7	6	1	2	4	1	1	2	8	0·64
Sheerness	18,000	6	17	20	11	18	14	5	2	5	8	4	5	19	0·78
Sittingbourne ...	8,382	11	8	9	7	5	8	2	2	3	1	1	2	10	0·96
Southborough ...	7,006	5	3	4	9	7	6	1	2	5	2	1	2	8	0·86
Tenterden (Borough)	3,410	2	4	3	8	3	4	6	1	1	2	2	2	6	1·18
Tonbridge	15,268	14	8	1	16	12	10	3	4	16	1	3	5	15	0·66
Tunbridge Wells (Borough)	36,298	43	28	21	24	32	30	7	11	6	7	14	9	39	0·83
Walmer	5,688	2	3	0	1	2	2	0	1	0	2	2	1	3	0·36
Whitstable	8,150	5	5	6	7	9	6	1	5	2	4	2	3	9	0·74
Wrotham	4,169	2	0	6	0	4	2	0	1	2	2	0	1	3	0·48
Totals	730,128	590	607	647	640	594	616	228	204	230	220	222	221	837	0·85

TABLE 4.—Deaths from Phthisis and other Tuberculous Diseases in the **Rural Districts** of the Administrative County of Kent during the years 1909, 1910, 1911, 1912 and 1913.

DISTRICT.	Estimated Population 1913.	Deaths from Phthisis.						Deaths from other Tuberculous Diseases.						Average No. of deaths from Tuberculosis	Annual death-rate from Pulmonary Tuberculosis.
		1909	1910	1911	1912	1913	Average of five years.	1909	1910	1911	1912	1913	Average of five years.		
Ashford, East ...	13,734	14	9	12	5	8	10	3	6	2	1	1	3	13	0·73
Ashford, West ...	8,013	13	14	6	3	6	8	2	4	2	2	2	2	10	1·00
Blean... ..	7,725	7	6	13	4	4	7	1	2	3	1	0	1	8	0·91
Bridge ...	11,328	7	12	13	10	13	11	3	3	4	1	2	3	14	0·98
Bromley ...	22,736	18	19	24	31	21	23	3	4	6	4	11	6	29	1·02
Cranbrook ...	13,870	7	12	12	5	8	9	3	4	5	4	0	3	12	0·65
Dartford ...	40,734	32	25	24	35	32	30	11	10	20	14	21	15	45	0·74
Dover ...	8,577	4	3	4	5	7	5	3	2	1	1	1	2	7	0·59
Eastry ...	13,395	14	12	12	11	17	13	4	3	7	3	0	3	16	0·98
Elham ...	7,591	4	10	5	1	12	6	1	4	1	1	0	1	7	0·80
Faversham ...	14,000	13	14	8	18	11	13	4	8	6	3	2	5	18	0·93
Hollingbourn ...	12,846	13	8	10	17	8	11	3	2	6	3	3	3	14	0·86
Hoo ...	3,898	3	0	0	5	1	2	1	0	0	4	4	2	4	0·52
Maidstone ...	16,590	20	11	18	18	13	16	4	7	5	9	7	6	22	0·97
Malling ...	24,105	23	23	17	23	17	21	12	2	5	9	10	8	29	0·88
Milton ...	12,545	5	13	4	9	10	8	5	1	1	1	1	2	10	0·64
Romney Marsh ...	2,797	2	2	1	3	7	3	1	1	2	0	1	1	4	1·08
Sevenoaks ...	24,342	15	13	18	14	19	16	8	4	9	5	2	6	22	0·66
Sheppey ...	4,690	1	1	5	0	2	2	0	1	2	2	1	1	3	0·43
Strood ...	15,230	13	7	4	15	7	9	5	4	1	4	8	4	13	0·59
Tenterden ...	6,114	7	4	4	2	4	4	2	3	1	0	1	1	5	0·66
Thanet ...	13,368	5	19	15	10	9	12	5	5	4	6	7	5	17	0·90
Tonbridge ...	17,888	13	14	10	19	16	14	9	12	6	1	8	7	21	0·79
Totals, Rural ...	316,116	253	251	239	263	252	252	93	92	99	79	93	91	343	0·80
Totals, Urban ...	730,128	590	607	647	640	594	616	228	204	230	220	222	221	837	0·85
Totals, Administra- tive County	1,046,244	843	858	886	903	846	868	321	296	329	299	315	312	1180	0·83

TABLE 5.—Death-rates from “Pulmonary” and “Other forms” of Tuberculosis in the County of Kent during the years 1909–1913, of inclusive.

<i>Pulmonary.</i>	1909	1910	1911	1912	1913
Total Urban	·74	·75	·91	·89	·82
Total Rural	·83	·82	·77	·85	·80
Total for County ...	·77	·78	·87	·88	·81
<i>Other Forms.</i>	1909	1910	1911	1912	1913
Total Urban	·30	·26	·32	·31	·31
Total Rural	·30	·30	·32	·26	·30
Total for County ...	·30	·27	·32	·30	·31

NOTE.—The figures for the years 1909, 1910, 1912 and 1913, are based on *estimated* populations; and those for 1911 on the *census* population for that year.

An examination of, and comparison between, Tables II. and III. will show that in the following twenty-five *urban districts* the notifications of pulmonary tuberculosis failed to number more than twice the number of deaths from this disease:—

Ashford, Bexley, Chatham, Chislehurst, Deal, Dover, Faversham, Gravesend, Herne Bay, Hythe, Lydd, Maidstone, Margate, Milton Regis, Northfleet, Penge, Queenborough, Rochester, Sandwich, Sheerness, Southborough, Tenterden, Tonbridge, Tunbridge Wells and Walmer.

Thus only in the sixteen urban districts of Beckenham, Broadstairs and St. Peters, Bromley, Cheriton, Dartford, Erith, Folkestone, Footscray, Gillingham, New Romney, Ramsgate, Sandgate, Sevenoaks, Sittingbourne, Whitstable and Wrotham, was the relative standard named above, reached.

An examination of, and comparison between, Tables II. and IV. will show that in the following fifteen *rural districts* the notifications of pulmonary tuberculosis failed to number more than twice the number of deaths from this disease:—

East Ashford, West Ashford, Blean, Bridge, Bromley, Cranbrook, Dover, Eastry, Elham, Faversham, Hollingbourn, Maidstone, Malling, Romney Marsh and Thanet.

Thus only in the eight rural districts of Dartford, Hoo, Milton, Sevenoaks, Sheppey, Strood, Tenterden and Tonbridge, was the relative standard named above, reached.

The average annual number of deaths from phthisis in all the forty-one urban districts of Kent for the five years ended December 31st, 1913, was 616, and the total number of notifications of phthisis received from these urban districts during 1914 was 1256.

The average annual number of deaths from phthisis in all the twenty-three rural districts of Kent for the five years ended December 31st, 1913, was 252, and the total number of notifications of phthisis received from these rural districts during 1914 was 470.

The presence of a tuberculosis dispensary in a district tends to cause an increase in the number of notifications of tuberculosis.

The notification of pulmonary tuberculosis in Kent cannot be said to be as satisfactory as it should be, but it is hoped that there will be an improvement in this respect in the future.

SECTION III.

Special preventive measures adopted in the County during 1914.

Bacteriology.

The County Bacteriological Laboratory at the Sessions House, Maidstone, has continued to afford facilities for the examination of specimens of sputum, etc., from patients suspected to be suffering from tuberculosis of the lungs and other organs.

During the year 1914, the specimens of sputum examined in this laboratory numbered 1,539. Of this number, 504 specimens contained tubercle bacilli, and in 1,035 specimens these bacilli were not found. This is a very satisfactory record of work carried out in this direction.

As showing the increase in this branch of work, it is interesting to note that during the year 1912, the specimens of sputum examined, numbered 362. Of this number 134 specimens contained tubercle bacilli, and in 228 specimens these bacilli were not found. Also during the year 1913, the specimens of sputum examined, numbered 882. Of this number, 269 specimens contained tubercle bacilli, and in 613 specimens these bacilli were not found.

Dr. Newsholme has stated that classification of cases of pulmonary tuberculosis should be based on whether or not, after repeated examination of sputum, tubercle bacilli have been found at any stage of the patient's illness. In the records to be issued by the Local Government Board, this will be made the basis of the primary classification of all cases treated in connection with official schemes.

Also in the county bacteriological laboratory, the work has proceeded to some extent in connection with the bacteriological examination of milk samples under the Tuberculosis Order 1913, of the Board of Agriculture, which came into force on May 1st, 1913.

The work of examination of cows and collection of samples of milk in connection with this Order is being carried out in the county by twenty part-time veterinary inspectors.

The following work has been carried out in the County of Kent, during 1914, in connection with the above-named Order of the Board of Agriculture :—

Eighteen samples of milk were sent by the part-time veterinary inspectors between January 1st and December 31st, 1914, to the county bacteriological laboratory for examination.

Of this number tubercle bacilli were found in one sample, and were not found in seventeen samples.

In the positive case, the cow was slaughtered before the result of examination of the milk was available, and it was found that tuberculosis was present.

In addition to the above, twenty-six samples of milk were examined after receipt from Local Sanitary Authorities, and in three of these samples tubercle bacilli were found.

I consider that this branch of preventive work should receive far greater attention in the future.

Educational Measures.

I have pointed out in my report for 1913, the value of "Education" as a preventive measure in this respect.

The tuberculosis officers and nurses, throughout the year, have been most energetic and sympathetic in giving advice to patients, so that the danger of spread of infection might be diminished as much as possible.

The little handbook concerning precautionary measures which should be observed by tuberculous patients, and which was reproduced in my last annual report, has been distributed freely to patients. Where necessary, proper sputum flasks and sputum cups have been given to the patients during the year 1914.

Also the following poster has been placed in the waiting rooms of each dispensary.

IN CASE OF CONSUMPTION, LOOK TO THESE FOR CURE



The Doctor



Sunlight



Out-door Air



Good Food



Rest

CONSUMPTION'S ALLIES—AVOID THEM & YOU ARE SAFEGUARDING AGAINST THE DISEASE



Intemperance and other Excesses



The Closed Window



Overwork



Crowded Sleeping, Living and Working Rooms



Smoke and Dust



Mouth Breathing often due to Adenoids

A CAREFUL CONSUMPTIVE—NOT DANGEROUS TO LIVE WITH—



Coughs, Spits and Sneezes into Paper or Cloth



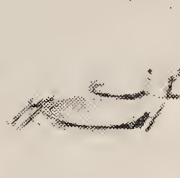
Burns or Boils it before it dries



Or puts it into a Disinfectant



Washes her Hands before and after Eating



Always uses the same dishes and boils them in water before washing with other dishes



And Sleeps alone

HOW THE GERMS OF CONSUMPTION ARE CARRIED FROM THE SICK TO THE WELL



Consumptive spitting on floor, flies feeding on it, carry the germs of the disease to food.



The spit dries, and careless sweeping, dusting or draughts cause the germs to float in the air.



The germs may enter the bodies of children playing on the floor, through sores or wounds.



Others may get the disease by breathing or swallowing the germs. Spray given off in sneezing or coughing contains germs in a moist and active state.

Putting food, money, pencils, etc., into the mouth after a consumptive has poisoned them with his spit.



Home Visitation.

The tuberculosis nurses have carried out most useful work by visiting patients at home, seeking out contacts, and in giving help and encouragement generally in continuing the advice previously given as to hygienic and preventive measures against the spread of the disease.

The Provision of Shelters.

During 1913 the Kent County Council had fifty open-air shelters constructed, which were sent to various patients throughout the county.

During the year 1914, twenty-seven additional shelters were provided by the County Council.

These shelters have been used regularly, and are much appreciated by the patients using them.

Before a shelter has been removed from one patient to another arrangements have been made for its thorough disinfection.

The Kent Insurance Committee pay to the Kent County Council the sum of one shilling per week for the use of a shelter by an insured person in addition to the expense of removal of such shelter to the patient's house.

Housing Conditions.

Communications have been sent regularly during the year to district medical officers of health respecting bad home conditions discovered by the tuberculosis officers and nurses. Also during the last quarter of 1914, a whole-time sanitary inspector has been at work under the Kent County Council, investigating housing conditions in rural parts of the county, in connection with the housing regulations of the Housing, Town Planning, &c. Act, 1909.

PART II.

KENT COUNTY COUNCIL.

Section I.—Tuberculosis Dispensary Organisation.

Section II.—Tuberculosis Institutional Organisation.

SECTION I.

Tuberculosis Dispensary Organisation.

I am able to report that steady and continuous progress has been made with the dispensary organisation, which was detailed in the last Annual Report. This organisation may now be regarded as being in complete operation, the only outstanding parts of the scheme at the end of the year 1914 being the opening of the Rochester Dispensary (the necessary premises for which have been taken) and the extension of the dispensary scheme to the more rural parts of the county, which process will probably take a considerable time.

The most important step taken, has been the division of the county into five districts, instead of four, as previously. This has been rendered possible by the appointment of a fifth tuberculosis officer, which has been facilitated by the action of the Canterbury City Council in co-operating with the Kent County Council in this work.

It will be convenient if I give here a detailed statement of these five areas showing the sanitary districts therein, together with the brief descriptions which have been sent to the Local Government Board concerning the Canterbury and Rochester tuberculosis dispensaries respectively.

Similar descriptions of the other eighteen tuberculosis dispensaries appeared in my Annual Report for 1913.

Thus it will be seen that in 1915 there are twenty tuberculosis dispensaries in full working order in Kent, in addition to various calling stations.

DISTRICT No. I.

(Tuberculosis Officer in Charge, Dr. H. O. West.)

This district contains the following sanitary areas, viz.:—Ashford Urban, Blean Rural, Bridge Rural, East Ashford Rural, Hollingbourn Rural, Maidstone Borough and Rural, Malling Rural, West Ashford Rural, and Wrotham Urban, together with the City and County Borough of Canterbury.

DISTRICT.	Estimated Population 1913.	Acreage inclusive of water.	Persons per acre.	Inhabited Houses, Census 1911.	Persons per House.
Ashford Urban	13,869	2,850	4·8	2,820	4·4
Blean Rural	7,725	26,884	0·29	1,616	4·0
Bridge Rural	11,328	41,797	0·28	2,173	4·2
East Ashford Rural... ..	13,734	54,800	0·26	3,099	4·1
Hollingbourn Rural	12,846	57,670	0·23	2,818	4·2
Maidstone Borough... ..	35,944	4,008	9·0	6,569	4·5
Rural	16,590	34,996	0·48	3,487	4·3
Malling Rural	24,105	38,458	0·63	4,948	4·5
West Ashford Rural	8,013	39,490	0·21	1,628	4·4
Wrotham Urban	4,169	8,883	0·5	801	4·7
Together with					
Canterbury, City and County Borough				Population, 24,626	

Situation of, and hours of attendance at, dispensaries in District No. I.

Ashford.....	2, Barrow Hill Place.....	Friday, 10.30 a.m.
Canterbury	11, Longport Street	Friday, 2.30 p.m.
(Jointly with City of Canterbury)		
Maidstone... ..	Pitfield; Marsham Street...	Tuesday, 1.0 p.m.
		Friday, 6.30 p.m.
Malling	One Thursday in the month	} by arrangement with the District Medical Officer of Health.
Snodland, ... }	One Monday in the month	
Aylesford .. }		

DISTRICT No. 2.

(Tuberculosis Officer in Charge,* Dr. J. C. Smyth).

This District contains the following sanitary areas, viz :—Chatham Borough, Faversham Borough and Rural, Gillingham Borough, Herne Bay Urban, Hoo Rural, Milton Rural, Milton Regis Urban, Queenborough Borough, Rochester City, Sheerness Urban, Sheppey Rural, Sittingbourne Urban and Whitstable Urban.

DISTRICT.	Estimated Population 1913.	Acreage, inclusive of water.	Persons per acre.	Inhabited Houses, Census 1911.	Persons per House.
Chatham Borough	43,450	4,356	10·0	8,031	4·4
Faversham Borough	10,800	685	15·8	2,213	4·3
Faversham Rural	14,000	44,000	0·32	2,984	4·4
Gillingham Borough	54,072	4,988	10·8	9,545	4·4
Herne Bay Urban	8,040	887	9·1	1,462	4·3
Hoo Rural	3,898	19,727	0·20	752	4·7
Milton Rural	12,545	27,727	0·46	2,741	4·3
Milton Regis Urban	7,500	2,554	3·0	1,462	4·5
Queenborough Borough	3,000	695	4·4	423	5·3
Rochester City	31,571	2,936	10·8	5,932	4·6
Sheerness Urban	18,000	864	20·9	3,132	4·5
Sheppey Rural	4,690	20,806	0·23	711	4·5
Sittingbourne Urban	8,382	1,004	8·4	1,605	4·6
Whitstable Urban	8,150	795	10·3	1,689	4·1

**Situation of, and hours of attendance at, dispensaries in
District No. 2.**

Faversham ...	2, Albion Terrace.....	Thursday, 11.30 a.m.
Gillingham ...	228, Nelson Road.....	Tuesday, 9.30 a.m.
		Friday, 2.30 p.m. & 6.0 p.m.
Rochester... ..	13, New Road	Tuesday, 2.30 p.m & 6.0 p.m.
		Friday, 9.30 a.m.
†Sheerness	61, Alma Road.....	Monday, 11.30 a.m.
†Sittingbourne	Health Office, Chalk- well	Thursday, 2.0 p.m.

Arrangements have been made for a calling station at Hoo. Information concerning this may be obtained from Dr. Spoor.

* Now succeeded by Dr. T. M. Pearce.

† Local Tuberculosis Officer—Dr. T. B. Heggs (now on military duty).

DISTRICT No. 3.

(Tuberculosis Officer in Charge, DR. W. C. D. HILLS.)

This district contains the following sanitary areas, viz.:—
Beckenham Urban, Bromley Rural, Cranbrook Rural, Penge Urban,
Sevenoaks Urban and Rural, Southborough Urban, Tenterden Borough
and Rural, Tonbridge Urban and Rural and Tunbridge Wells Borough.

DISTRICT.	Estimated Population 1913.	Acreage inclusive of water.	Persons per acre.	Inhabited Houses, Census 1911.	Persons per House.
Beckenham Urban	32,987	3,890	8·4	5,587	5·1
Bromley Rural	22,387	28,839	0·78	4,231	4·5
Cranbrook Rural	13,870	41,315	0·34	2,810	4·3
Penge Urban	22,434	770	29·1	3,318	5·5
Sevenoaks Urban	9,443	3,259	2·9	1,701	4·6
„ Rural	24,203	63,336	0·39	4,901	4·4
Southborough Urban	7,006	1,702	4·2	1,482	4·3
Tenterden Borough	3,410	8,946	0·4	687	4·3
„ Rural	6,114	38,378	0·16	1,305	4·3
Tonbridge Urban	15,268	1,356	11·1	2,950	4·5
„ Rural	17,835	46,853	0·39	3,609	4·4
Tunbridge Wells Borough ...	36,298	3,991	9·1	6,641	4·7

**Situation of, and hours of attendance at, Dispensaries in
District No. 3.**

†Beckenham.....	73, High Street	Wednesday, 10.30 a.m.
Sevenoaks.....	4, Cramptons Road ...	Tuesday, 2.30 p.m.
Tonbridge.....	53, Pembury Road ...	Monday, 2.30 p.m.
		Thursday, 5.0 p.m.
Tunbridge Wells ...	34, Calverley Street ...	Monday, 5.0 p.m.
		Thursday, 2.30 p.m.

† Local Tuberculosis Officer, DR. J. M. CLEMENTS (now on military duty).

DISTRICT No. 4.

(Tuberculosis Officer in Charge, Dr. C. REISSMANN.)

This district contains the following sanitary areas, viz:—Broadstairs Urban, Cheriton Urban, Deal Borough, Dover Borough and Rural, Eastry Rural, Elham Rural, Folkestone Borough, Hythe Borough, Lydd Borough, Margate Borough, New Romney Borough, Ramsgate Borough, Romney Marsh Rural, Sandwich Borough, Sandgate Urban, Thanet Rural and Walmer Urban.

DISTRICT.	Estimated Population 1913.	Acreage inclusive of water.	Persons per acre.	Inhabited Houses, Census 1911.	Persons per House.
Broadstairs Urban	9,601	1,558	6·0	1,607	4·3
Cheriton Urban	7,956	1,159	6·5	763	5·4
Deal Borough	11,458	1,114	10·3	2,403	4·1
Dover Borough	43,992	1,948	22·6	7,439	4·4
Dover Rural... ..	8,577	27,121	0·32	1,438	4·4
Eastry Rural	13,395	43,682	0·31	2,854	4·2
Elham Rural	7,591	37,154	0·21	1,651	4·1
Folkestone Borough	34,163	2,482	13·7	5,530	5·0
Hythe Borough	6,546	2,608	2·5	1,316	4·2
Lydd Borough	2,900	12,082	0·3	450	4·4
Margate Borough	28,000	1,489	18·6	4,428	4·6
New Romney Borough	1,333	1,364	1·0	246	4·5
Ramsgate Borough	30,043	2,306	13·0	5,825	4·4
Romney Marsh Rural	2,797	30,376	0·1	594	4·4
Sandwich Borough	3,040	707	4·3	600	4·2
Sandgate Urban	2,830	273	10·4	211	4·6
Thanet Rural	13,368	20,825	0·64	2,454	4·3
Walmer Urban	5,688	988	5·8	839	4·2

**Situation of, and hours of attendance at, Dispensaries in
District No. 4.**

Dover	9, Eastbrook Place ...	Thursday,	2.30 and 6.0 p.m.
Folkestone ...	80, Dover Road	Monday,	1.30 and 6.0 p.m.
Ramsgate ...	Charlotte Cottage, Market Place	Wednesday,	12 noon.
Sandwich ...	11, St. Peter's Street ...	Thursday,	11.15 a.m.

DISTRICT No. 5.

(Tuberculosis Officer in Charge, Dr. H. L. Grabham.)

This district contains the following sanitary areas, viz.:—Bexley Urban, Bromley Borough, Chislehurst Urban, Dartford Urban and Rural, Erith Urban, Footscray Urban, Gravesend Borough, Northfleet Urban and Strood Rural.

DISTRICT.	Estimated Population 1913.	Acreage, inclusive of water.	Persons per acre.	Inhabited Houses, Census 1911.	Persons per House.
Bexley Urban	17,000	4,942	3·5	3,083	4·6
Bromley Borough	35,064	4,696	7·5	6,156	4·9
Chislehurst Urban	8,971	2,791	3·3	1,576	4·8
Dartford Urban	25,937	4,242	6·2	3,717	4·9
Dartford Rural	40,734	37,997	1·08	6,776	4·8
Erith Urban	30,100	3,859	7·8	4,654	5·3
Footscray Urban	8,893	2,043	4·4	1,511	4·8
Gravesend Borough	28,320	1,260	22·5	4,842	4·8
Northfleet Urban	14,500	3,932	3·7	2,590	5·1
Strood Rural	15,230	32,498	0·47	3,047	4·6

**Situation of, and hours of attendance at, Dispensaries in
District No. 5.**

Bromley	2, Park Road	Wednesday, 2.0 p.m.
Dartford	41, Overy Street	Monday, 2.0 p.m.
		Thursday, 6.0 p.m.
Erith	19, Pier Road	Monday, 6.0 p.m.
		Thursday, 2.0 p.m.
Gravesend	199, Parrock Street ...	Saturday, 10.30 a.m.

Kent County Council and City of Canterbury Tuberculosis Dispensary.

Situate at	11, Longport Street, Canterbury.														
Tenure.	On lease for 10 years.														
Amount of rent.	£42 per annum, with rates and taxes and full repairing lease.														
Description of premises.	<p>The house is a large semi-detached house, built about 40 years ago.</p> <p>The house consists of three floors, in addition to a basement below.</p> <p>Externally, the house is of brick and in good repair. There is a large garden at the back of the premises.</p> <p>The house is entered by a flight of three steps from the street. On the ground floor the hall is spacious and leading from it are two rooms, viz. :—</p> <table><tr><td>(a) Front measuring</td><td>Length.</td><td>Width.</td><td>Height.</td></tr><tr><td>(b) Back do.</td><td>16'6" × 14'6" × 9'9"</td><td>14'9" × 14'4" × 9'9"</td><td></td></tr></table> <p>At the back of the house a wing had been added previously and on the ground floor there is a good kitchen, (c) measuring 16'0" × 10' × 9'9". There is a pedestal w.c. at the end of the hall and opposite to the door thereof is a short passage leading into a greenhouse, which adjoins room b, and opens into the garden.</p> <p>The first floor is reached by a flight of comparatively easy stairs, and on this floor there are three rooms, w.c. and bath room. The three rooms are as follows :—</p> <table><tr><td>(d) Front measuring</td><td>19'3" × 16'8" × 10'6"</td></tr><tr><td>(e) Middle do.</td><td>14'6" × 13'0" × 10'6"</td></tr><tr><td>(f) Back do.</td><td>10'9" × 9'9" × 10'6"</td></tr></table> <p>On the second floor there are four rooms, two containing fireplaces.</p> <p>There is very good cellarage, the house is in good general repair and appears to be dry.</p>	(a) Front measuring	Length.	Width.	Height.	(b) Back do.	16'6" × 14'6" × 9'9"	14'9" × 14'4" × 9'9"		(d) Front measuring	19'3" × 16'8" × 10'6"	(e) Middle do.	14'6" × 13'0" × 10'6"	(f) Back do.	10'9" × 9'9" × 10'6"
(a) Front measuring	Length.	Width.	Height.												
(b) Back do.	16'6" × 14'6" × 9'9"	14'9" × 14'4" × 9'9"													
(d) Front measuring	19'3" × 16'8" × 10'6"														
(e) Middle do.	14'6" × 13'0" × 10'6"														
(f) Back do.	10'9" × 9'9" × 10'6"														

Allocation of rooms.

The following is the suggested allocation of rooms :—

- (a) Waiting room.
- (b) Clerk's office.
- (d) Consulting room.
- (e) Nurse's room and female dressing room.
- (f) Tuberculosis Officer's private office.

The consulting room serves also the purpose of the male dressing room.

It is proposed to allow a resident caretaker to have the use of the kitchen (c) and the four rooms on the second floor.

Area to be served.

The Dispensary is intended to serve the following areas :—

City and County Borough of Canterbury, population 24,626.

Blean Rural District, population 7,725.

Bridge Rural District, 11,328.

It is possible that a few cases will come from Whitstable and Herne Bay Urban and Faversham Rural districts.

Accessibility.

The house is practically opposite the Kent and Canterbury Hospital, the locale of which is well known in and around Canterbury. Longport Street is $\frac{3}{4}$ mile from Canterbury West Station and a little more than half-a-mile from Canterbury East Station.

The Dispensary is well situated to serve the poorer quarter of Canterbury.

It is probable that motor omnibuses will be largely used by patients using the Dispensary. These omnibuses travel to within 300 yards of the dispensary.

Staffing.

The clinical work is carried out by Dr. West, assisted by the Tuberculosis Nurse and Clerk for his district.

Plans of the premises were also sent to the Local Government Board showing the situation with respect to the surrounding property and also the allocation of the rooms.

KENT COUNTY COUNCIL.**Rochester Tuberculosis Dispensary.**

Situated at	No. 13, New Road, Rochester.
Tenure.	Lease 10 years.
Rental.	£45 per annum, and rates and taxes.
Accessibility.	Trams pass the door, and connect with Strood and Frindsbury, Rochester and Chatham. Rochester Railway Station, 5 minutes walk. Chatham Railway Station, 10 minutes walk. Hoo by Motor Bus.
Description of Premises.	Semi-detached house. Good open position, with open pleasure grounds in front, and grounds sloping abruptly away at the back. Consists of four floors. Brick. Renovated for present tenancy. Building dry. 11 rooms, besides kitchen, wash-house and offices, bathroom, one w.c. and two dressing rooms. Two entrances from New Road. Electric light and water laid on.
Area to be served.	Rochester, with Strood and Frindsbury, Wouldham, Hoo, Cuxton, Halling, and part of Chatham. Approximately, 19,000 acres.
Population to be served.	Approximately, 65,000.
Staffing.	For the present the dispensary will be managed by the Tuberculosis Officer for No. 2 district, assisted by the nurse and clerk.

Plans of the premises were also sent to the Local Government Board showing the situation with respect to the surrounding property, and also the allocation of the rooms.

Tuberculosis Dispensary Staff.

Chief Tuberculosis Officer :—

GREENWOOD, ALFRED, M.D., Ch.B., B.Sc., D.P.H., etc.,
 { County Medical Officer, and Expert Medical
 { Adviser to the Kent Insurance Committee.

Tuberculosis Officers :—

Name.	Qualifications.	Date on which duties commenced.
WEST, H. O.	M.D., B.S. Lond., M.R.C.P. Lond.	Aug. 16th, 1912.
† SMYTH, J. C.	M.R.C.S. Eng., L.R.C.P. Lond.	May 13th, 1913.
HILLS, W. C. D.	M.R.C.S. Eng., L.R.C.P. Lond., D.P.H. Lond.	Dec. 1st, 1913.
REISSMANN, C.	M.A., M.D. (Cantab.), B.Sc. Lond., M.R.C.P. Lond.	Oct. 14th, 1914.
GRABHAM, H. L.	M.B., B.S. (Lond.), D.P.H. Camb.	Oct. 1st, 1914.

Part-time Tuberculosis Officers :—

* CLEMENTS, J. M.	M.D., R.U.I., D.P.H. London.	Sept. 15th, 1913.
* HEGGS, T. B.	M.D. Aberd., D.P.H. Camb.	Oct. 13th, 1913.

Tuberculosis Nurses :—

ANDERSON, M.	—	Sept. 1st, 1913.
HORTIN, H.	—	Jan. 22nd, 1914.
IRVINE, A. H.	—	Mar. 19th, 1914.
MAIN, J.	—	Oct. 1st, 1914.
WORKMAN, L.	—	June 19th, 1914.

Part-time Tuberculosis Nurses :—

FURMINGER, E. H.	—	April 7th, 1914.
* NEWHALL, D. M.	—	Sept. 15th, 1913.
SOMERS, M.	—	May 4th, 1914.

Tuberculosis Clerks :—

* SMITH, H. W.	—	Jan. 20th, 1913.
* HALL, F. E.	—	Nov. 21st, 1913.
† LINKSTED, G.	—	—
* WALLS, A.	—	July 14th, 1913.
WILSON, N.	—	Oct. 28th, 1913.
WHITE, E. J.	—	Jan. 1st, 1914.

Part time Tuberculosis Clerks :—

JURY, S.	—	Feb. 2nd, 1914.
GRAY, F. R.	—	April 23rd, 1914.

* At present on military duty.

† Appointed October 5th, 1914, but has not yet commenced tuberculosis dispensary duties, as his services were necessary at the central office, on account of depleted staff. A temporary clerk is doing duty at Dartford.

‡ Dr. Smyth resigned his appointment on March 5th, 1915, and was succeeded by Dr. Pearce on March 8th, 1915.

Dispensary Staff.

During the year there have been several changes in the staff. The creation of a new district (the main dispensary thereof being at Dartford) necessitated the appointment of a fifth tuberculosis officer, and to this district Dr. Grabham (who did a month's *locum tenens* duty during Dr. Smyth's illness) was appointed, and commenced his duties on October 1st, 1914, at the same salary as the other whole-time tuberculosis officers, namely, £500 per annum, in addition to travelling allowances.

Dr. Clark (who was in charge of the Folkestone district) was appointed to a similar position in Warwickshire and demitted from duty on October 13th, 1914. His place has been taken by Dr. Reissmann, who acted as *locum tenens* tuberculosis officer for holiday duty during a period of four months.

Dr. Smyth (who has been in charge of the Gillingham District) has recently been appointed Clinical Tuberculosis Officer for Hampshire, and has left Kent.

Nurse Spong resigned as from September 1st, 1914, and Nurse Main was appointed in her place. Nurse Main took up her duties on October 1st, 1914.

Mr. G. Linksted was appointed tuberculosis clerk for the fifth area on October 5th, 1914.

Temporary Appointments owing to the War.

A reference to the foregoing list will show the members of the dispensary staff who are serving with H.M. Forces.

My own appointment for the greater part of 1914, with embodiment from August 5th, was that of Divisional Sanitary Officer to the Home Counties Division of the Territorial Force (Royal Army Medical Corps). Whilst I was stationed at Canterbury, from August 29th to November 18th, 1914, Dr. West was the acting Chief Tuberculosis Officer. I returned to Maidstone on November 19th, 1914, as Sanitary Officer to the Second Army, Central Force, a position which now enables me to live at Maidstone and supervise a great part of my civil work.

Both the part-time Tuberculosis Officers are on military duty, Dr. Heggs being embodied in the Fourth Buffs, and Dr. Clements receiving a commission in the Royal Army Medical Corps.

From August 6th, 1914, to January 7th, 1915, Dr. Heggs' place was taken at the Sittingbourne and Sheerness dispensaries by Dr. Robson, who is in practice at Sittingbourne, to whom I am indebted for having carried on the work during the difficult time of the

early days of the war. The work at these dispensaries is now carried out by the Tuberculosis Officer for the district. For the present, the hours of attendance have been altered, and the Sittingbourne Dispensary is now open once a week only.

Dr. Clements went on military duty on November 30th, 1914, and I have arranged that the Beckenham Dispensary shall be open once a week only, for the present, and that the work shall be under Dr. Hills' charge.

Miss Newhall, who acts as nurse for the Beckenham Dispensary, has joined temporarily the Army Nursing Service, and her place has been taken by Miss Michell, whom I have appointed temporarily as part-time tuberculosis nurse to Beckenham dispensary.

As might have been anticipated, the department has suffered chiefly on its clerical side, and three out of five dispensary clerks have been given permission by the County Council to volunteer for military duty.

In order to carry out the work Mr. N. Wilson has been transferred from Tonbridge to the Central Office, his place at Tonbridge being filled by Mr. J. W. G. Hills, Mr. A. Walls' place at Maidstone has been filled by Mr. H. J. Smith, and Mr. F. E. Hall's place at Folkestone has been filled by Miss H. Rees, all of which appointments are temporary.

It will be seen from the following table that the services of the dispensaries are being appreciated, and I do not think there can be any doubt that the results of the work being done will repay amply the expenditure thereon, and will lead to a general improvement in the public health.

**Table showing attendances at the Tuberculosis
Dispensaries in the County.**

TABLE

Name of Dispensary.	New Patients.		Attendances.		Occasions Open.
	Insured.	Non- Insured.	Insured.	Non- Insured.	
Area No. 1.					
Ashford	39	28	225	123	50
Maidstone.....	74	132	822	1021	103
Canterbury	7	1	9	1	4
Malling Rural District	7	10	17	14	15
Area No. 2.					
Faversham	12	12	60	54	29
Gillingham	129	204	2289	3223	108
Sheerness	15	59	151	399	52
Sittingbourne	13	96	178	773	68
Area No. 3.					
Beckenham	27	32	480	1022	95
Sevenoaks	32	19	190	97	39
Tonbridge	57	44	1051	230	119
Tunbridge Wells	48	34	657	257	85
Area No. 4.					
Dover	38	51	366	252	62
Folkestone ..	60	167	621	1462	102
Ramsgate	39	145	377	1318	52
Sandwich ..	7	12	51	131	42
Area No. 5.					
Bromley	60	81	634	447	52
Dartford	54	60	422	274	75
Erith	73	47	841	371	87
Gravesend.....	32	39	563	524	86
Grand Total	823	1273	10004	11983	1325

The foregoing table shows a most satisfactory record of 21,987 total attendances during the year.

As this valuable work continues, it cannot fail to be of the utmost value to the inhabitants of Kent both directly and indirectly.

It is not possible to give, as I hope to give in subsequent annual reports, special detailed descriptions of the work carried out in the five districts owing, as stated above, partly to the rearrangement of these districts during the year and partly to the temporary alterations necessitated by the war.

The following observations may, however, be made at present :—

DISTRICT No. 1.

Maidstone Dispensary.

It will be remembered, as stated in my last annual report, that the Local Government Board had approved this dispensary as a temporary dispensary only. I am glad to be able to report that after considerable difficulty, negotiations were proceeding at the end of the year for the tenancy of other premises in Maidstone. (These have since been satisfactorily concluded, and the Dispensary is now established at "Pitfield," Marsham Street).

The premises in Pudding Lane, Maidstone, have been very convenient as to accessibility, but the clinical work has been carried on with difficulty owing to the noise of the large amount of traffic in the neighbourhood.

Dr. West reports :—" The Maidstone Dispensary, as the figures show, is being used to an increasing extent. It is used more by the doctors in the town, and appears to be increasingly popular with the patients and their acquaintances. The average afternoon attendance is now about thirty-five, and it is but rarely that this number does not include several new patients or contacts with patients.

"I am glad to report that satisfactory progress has been made with the examination, in the dispensary, of 'contacts.' This work seems to depend entirely on the personal element, and in this respect Nurse Anderson is succeeding very well.

"It will probably never be possible to get very good 'percentage examination of contacts' for several reasons as follows :—(1) Although it is often possible to persuade mothers to bring their children for examination they themselves demur. (2) The children are often found to have been inspected by school medical inspectors. (3) The suggestion that the examination should be performed, often sends the 'contacts' off to their own doctor for the same. Therefore, although the dispensary will never show 100% examination of contacts, the existence of the dispensary is directly and indirectly the cause of much of this work being carried out.

“I cannot but feel that the treatment of patients in dispensaries is of great value. It is astonishing how long ‘advanced cases’ will continue to attend, and this, often in spite of advice to the contrary. On the other hand there are many ‘doubtful cases,’ particularly in children, which it is difficult to resist treating on general lines, even though one may be dubious as to the presence of tuberculosis.”

Ashford Dispensary.

The results of the establishment of this dispensary must be admitted to be disappointing. The numbers which never seemed satisfactory, have steadily declined, and during the last three months of the year 1914, the average attendance has been 4·3, and the number of new patients 1.

There appears to be no satisfactory explanation of this, but I am hoping that a further letter to the practitioners of this area of the county, which I am sending out, will result here in an increased use of the facilities of the dispensary. Failing this I shall consider the desirability of opening the dispensary less frequently than once a week, in order to prevent, as far as possible, any waste of time.

Canterbury Dispensary.

It is satisfactory to report that the Council of the City and County Borough of Canterbury have made arrangements with the Kent County Council by which the latter authority shall undertake the treatment of cases of tuberculosis occurring in Canterbury, as for the Administrative County.

It may be convenient if I give here a *resumé* of the arrangements made. The following is a copy of a special report which I presented to the County Council in April, 1914:—

To the Chairman and Members of the Public Health Committee of the Kent County Council.

My LORDS AND GENTLEMEN,

Tuberculosis Scheme—Negotiations with Canterbury.

I beg to report that I visited Canterbury on April 21st, 1914, and conferred with the Special Committee formed by the Canterbury City Council to consider the possibility of that authority making arrangements with the Kent County Council in regard to the treatment of tuberculosis.

I understand that the Committee so appointed consisted of the Mayor, Dr. Wachter, Dr. Bremner and Alderman Gentry.

The Mayor was not present at this Conference, but the rest of the Committee, together with the Town Clerk and City Accountant, were present.

I found that the Committee had already considered the matter in detail, and that I was in complete agreement with their main propositions.

(1) DISPENSARY TREATMENT :—

With regard to the possibility of a joint dispensary, I pointed out that it would be convenient for the County Council to have a dispensary in Canterbury for the purpose of serving the area of the Administrative County surrounding the City.

I explained that the average inclusive cost of a dispensary was £400 per annum. It is certainly desirable that the Canterbury City Council should avail themselves of the services of the suggested dispensary, and in the event of their wishing to do so, I stated that I would recommend that each authority should pay one-half of the cost of the dispensary in Canterbury, viz., £200 per annum, the County Council to make the appointments of such staff as might be necessary, and to carry on the organisation in Canterbury as in towns which are in the Administrative County.

With such proposition the Committee agreed.

With regard to the *capital cost* of the dispensary, I pointed out that it was but a small matter, as no new building would be necessary, and that I would recommend that the County Council should be responsible for such capital outlay as might be necessary, if the Canterbury City Council would agree to transfer their right to the four-fifths grant-in-aid from the Treasury to the County Council.

The Committee agreed entirely with my suggestion.

(2) INSTITUTIONAL TREATMENT :—

I agreed with the Special Committee that for cases of *pulmonary tuberculosis*, ten beds would be necessary for the population of Canterbury.

The Committee agreed that the Canterbury City Council should provide the £600 necessary (over and above the grant-in-aid from the Treasury) for the capital cost of ten beds, and should

make an annual payment of £800 for the maintenance of ten beds at £80 per annum, in a block sum, these ten beds to be reserved for the use entirely of Canterbury patients.

In the event of the County Council agreeing to provide beds for the use of patients from Canterbury, I should propose that all the institutional treatment for pulmonary cases be provided at Lenham.

With regard to *non-pulmonary tuberculosis*, I pointed out that the County Council would have no institutions of their own to which such cases would be sent, but that I was hoping to arrange for the treatment of non-pulmonary cases, by subsidising beds in various existing hospitals in the county. I suggested that the Canterbury City Council should make the same arrangement and thought that a provision of two beds would suffice.

I agreed that the County Council should undertake these arrangements, and the Committee agreed that the Canterbury City Council should pay for non-pulmonary cases in existing institutions at the rate of £80 per annum, so long as these two beds were occupied.

(3) The Committee thus agreed with the above scheme, and I understood that there would be no difficulty in their persuading the City Council to accept the same.

Their total budget would appear to be :—

CAPITAL.		MAINTENANCE.	
	£		£
Dispensary	Nil.	Dispensary	200
Institutions—		Institutions—	
10 beds at £150	1500	10 beds at £80	800
Less grant-in-aid	900	2 beds at £80	160
	<hr/>		<hr/>
	£600		£1160 per annum.
	<hr/>		<hr/>

(4) The Canterbury City Council will make a separate arrangement with the Canterbury Insurance Committee, who will probably pay about £200 per annum as their contribution. The net amount per annum, allowing for the grant-in-aid of one half from the Treasury, would thus be about £480 (a little less than a penny rate).

(5) The question of representation was discussed. The Committee agreed that it would be neither useful nor desirable to press for "proportionate representation" and agreed with my suggestion that two visitors should be appointed who would have the right of entry to the sanatorium for the purposes of inspection. It was agreed definitely that a Joint Committee was not necessary.

- (6) It was agreed that the arrangements should commence when the County Council were in a position to provide the necessary facilities—for dispensary treatment as soon as the dispensary is established, and for institutional treatment at Lenham as soon as the County Sanatorium is built.

I beg, therefore, to recommend that the County Council should make an agreement with the Canterbury City Council on the lines indicated above. Such a course seems desirable in every way.

With regard to the means by which the necessary facilities can be provided, I ask for authority, first to establish a tuberculosis dispensary at Canterbury, to be organised in a manner similar to the other dispensaries already established as part of the County Council Tuberculosis Scheme.

With regard to institutional treatment, I suggest that all institutional treatment for Canterbury patients should be provided at Lenham. This would mean some modification of the plans as at present proposed, and it is very important that there should be no delay in the erection of the sanatorium. I beg to ask that the following modifications should be authorised. These I believe could be made comparatively easy :—

- (i.) That an additional pavilion to accommodate twenty-five beds be built.
- (ii.) That the administrative block be extended to allow for such extra staff as might be necessary.

My reasons for making such a recommendation are :—

- (a) If Canterbury patients (as I think is most desirable) are to be accepted, it will be necessary to increase the accommodation at Lenham.
- (b) I do not think that extra beds could be provided in the main building.
- (c) It would not be satisfactory to erect a separate building to contain only ten beds. I have therefore suggested an additional twenty-five beds, which would increase the County Council's beds to one hundred and fifteen. This would be advantageous and would be a good opportunity of increasing the number of County Council beds in an economical manner.
- (d) With regard to the administrative block, the Committee will remember that when my original report was received it was decided that, if possible, the administrative block should be such as would accommodate the necessary staff for one hundred and thirty beds. The amount of money available has not allowed of this, but in my opinion if this extension were immediately agreed upon, such extension, together with the pavilion, could be provided from the extra £3,750 which will become available.

- (e) It will be cheaper to build at once rather than at a later date.
 I propose that the pavilion should be of a cheap design, and it may be necessary to heat one additional ward for "hospital" patients from Canterbury.

With regard to finance the following statement may be made:—

- (i.) Dispensary—Capital—negligible.

Maintenance—this can be provided from the funds of the General Dispensary Scheme.

(ii.) Institution—Capital—15 beds at £150 ...	£2,250
Less grant-in-aid $\frac{3}{5}$	1,350
	<hr/>
Total.....	£900
	<hr/>
Maintenance—15 beds at £80 p.a.	£1,200
Less grant-in-aid $\frac{1}{2}$	600
	<hr/>
Total.....	£600 per annum.
	<hr/>

I am,

My Lords and Gentlemen,

Yours obediently,

ALFRED GREENWOOD,

County Medical Officer.

April 24th, 1914.

The following letter was sent subsequently to the general medical practitioners in and around Canterbury :—

KENT COUNTY COUNCIL.

Telephone No. 248.

Telegrams :—"Health," Maidstone.

ALFRED GREENWOOD, M.D., B.Sc. D.P.H.'

Barrister-at-Law,

County Medical Officer.

SESSIONS HOUSE,

MAIDSTONE,

NOVEMBER 31ST, 1914.

DEAR SIR,

You are probably aware that the County Council have undertaken a scheme for the treatment of persons suffering from Tuberculosis and living in the Administrative County.

The scheme embodies two parts,—(1) Treatment in tuberculosis dispensaries, (2) treatment in institutions. The first part of the scheme is already in operation, the second part is being proceeded with and will come into operation as expeditiously as possible.

You are probably also aware that the Canterbury City Council have made arrangements with the County Council by which the latter shall undertake also the treatment in the same ways of such persons living in the City of Canterbury.

I am now writing to inform you that a tuberculosis dispensary has been established at 11, Longport Street, Canterbury, and will be opened, for the present, on each Friday, commencing on November 27th, 1914, at 2.30 p.m., where the treatment will be under the direction of Dr. West.

You will remember that the functions of the tuberculosis dispensary were summed up in the Interim Report of the Departmental Committee on Tuberculosis, as follows :—

- (a) Receiving house and centre of diagnosis.
- (b) Clearing house and centre of observation.
- (c) Centre for curative treatment.
- (d) Centre for examination of "contacts."
- (e) Centre for "after-care."
- (f) Information bureau and educational centre.

I hope sincerely that you will co-operate with me in this work, for I know you will agree that the treatment of tuberculosis is one of the most important branches of preventive medicine.

It may be well if I state for your information the general principles which will be adopted in the dispensary :—

- (1) The dispensary will be available for all persons needing treatment for tuberculosis, whether insured or non-insured.

- (2) No patient will be treated without the authorization of a medical practitioner.
- (3) In the event of a patient presenting himself without a doctor's recommendation, he will be examined, and, if found to be suffering from tuberculosis, will be referred to his doctor, who will then use his discretion as to whether or not the patient shall be treated at the dispensary.
- (4) Dr. West will be glad to welcome any medical practitioner at the dispensary.

It remains to be made clear that this dispensary organization will in no way interfere with the existing administration of Sanatorium Benefit by the Canterbury Insurance Committee, on the advice of its expert Medical Adviser Dr. Wachter. The facilities of the dispensary will, as already indicated, be available, *inter alia*, for patients recommended for dispensary treatment by this Committee.

Yours faithfully,

ALFRED GREENWOOD,

County Medical Officer.

The establishment of the Canterbury Dispensary and its opening on November 27th, 1914, marked the first step in putting into operation the scheme detailed above.

Already the dispensary is being made use of and I have no doubt that, with increasing knowledge of its existence, and confidence in its methods, on the part of doctors practising in Canterbury, this dispensary will repay its cost in every way.

Malling Rural District.

The establishment of three calling stations in this Rural District is the first step in extending, as far as possible, the amenities of the dispensary system to the rural areas of the county.

With the co-operation of Dr. Roberts, the district medical officer of health, I was able to meet several of the doctors practising in the neighbourhood and to arrange that Dr. West should pay monthly visits to Malling, Snodland and Aylesford respectively, for the purpose of seeing any cases in which his expert opinion was desired. Dr. Roberts at Malling, Dr. Gash at Snodland, and Dr. Gregory (now succeeded by Dr. Richmond) at Aylesford, have all kindly placed their surgeries at Dr. West's disposal, although it is not often that the other doctors practising have sent patients.

I think this informal method for rural districts will be satisfactory, and I hope it may be possible to carry out the same principle in other rural parts of the county at an early date.

DISTRICT No. 2.

The following statement indicates the work which Dr. Smyth has carried out during the year 1914, in District No. 2 :—

At the commencement of 1914, there were only two dispensaries in the district, *i.e.*, Gillingham and Gravesend, but at the end of January, No. 19, Pier Road, Erith, was opened, and at the end of March, No. 40, Overy Street, Dartford, was opened, thus providing four dispensaries for the district. The work of these dispensaries developed rapidly, and during the month of May the attendances amounted to 1,116 between them. In September, No. 2 District was divided, and a fifth district was formed. To both areas new districts were added, the Gillingham area then consisting of the following sub-districts :—

Rochester City.
 Chatham Borough.
 Gillingham Borough.
 Hoo Rural.
 Milton Rural District.
 Milton Regis Urban District.
 Sittingbourne Urban District.
 Queenborough Borough.
 Sheerness Urban District.
 Sheppey Rural District.
 Faversham Borough.
 Faversham Rural District.
 Whitstable Urban District.
 Herne Bay Urban District.

These changes took place as from the 1st October, and in this report, only figures are given for the districts which have been severed from Gillingham for the period during which they were a part of Dr. Smyth's area, *i.e.*, from January 1st to September 30th, 1914, and for the districts which have been added to it only as from October 1st to December 31st, 1914. For Gillingham itself a full report for the whole year is given.

In October, premises for a new dispensary were selected at Rochester, so as to relieve Gillingham, and in order to reach the population of Strood and Rochester more satisfactorily. The new premises are situated at 13, New Road, Rochester, and are in a central position, being near the trams and the Chatham Railway Station. The necessary repairs, decoration, etc., are being carried out as expeditiously as possible, and it is hoped that the dispensary may be ready for work early in 1915.

During September, October, November and December, 1914, periodical visits were paid to the Hundred of Hoo rural sanitary area, and dispensary treatment has been given, in connection with the Gillingham Dispensary, to a number of patients in that district. This

work has been much appreciated, and it has been arranged to establish a calling station at Middle Stoke, where Dr. Spoor has kindly placed his surgery, etc., at the disposal of the County Council for the purpose. Middle Stoke is centrally situated for the hamlets of :—

Stoke	...	...	...	Population	682
Grain	...	...	...	„	455
All Hallows	...	...	...	„	250
Hoo St. Mary and Fenn...				„	251
High Halstow	...	...	...	„	382
Cooling	...	...	...	„	143

all of which, are from one to four miles distant, and access is easy, by rail or road, to Middle Stoke. All these places are inaccessible from Rochester, from which they are distant nine to thirteen miles, and are only reached by road. From Gravesend they are distant from nine to seventeen miles by rail.

Hoo is four miles by road from Stoke, and it may be found advisable to establish a calling station there at a later date, but as it is only five miles from the Rochester Dispensary, and there is a motor bus service, I do not think it is necessary to do so at present.

The dispensary at Gillingham still continues to be popular, and both patients and doctors avail themselves freely of the advantages offered.

Dr. Smyth states :—

“The following tables give a classification of the work of the dispensary for the year, and I have no hesitation in saying that there has been a large measure of success in the results of treatment, in reaching those for whom the dispensary was established, and in generally attaining the objects for which the whole scheme has been organised. It is my opinion that the provision of sanatorium treatment for the uninsured, when it can be provided, will greatly assist in the work. There is great need of some provision for the isolation of advanced cases, both insured and uninsured, as these cases are often the worst housed and the poorest. The establishment of local beds for such cases, if only few in number, would be a great help.

“The work of the two whole-time tuberculosis nurses has been very satisfactory. Visits and reports have been made by them in every case admitted to treatment during the year. They have likewise visited and reported upon all cases receiving domiciliary treatment under sanatorium benefit. Also they have undertaken the domiciliary visiting and dressing of a few surgical cases. In the course of their visits they have detected several contact cases and suspects, but this part of their work requires still further development.”

The following tables explain further the work which has been carried out in District No. 2 ;—

	Name of Dispensary.	New Patients.		Attendances.		Total.	Occasions Open.
		Insured.	Non-Insured.	Insured.	Non-Insured.		
12 months.	Gillingham.....	129	204	2289	3223	5845	108
9 months.	Gravesend	29	35	450	414	928	75
9 months.	Erith	66	40	720	283	1109	62
7 months.	Dartford.....	49	45	343	184	621	50
3 months.	Faversham.....	4	6	19	46	75	13
							52
	Total	277	330	3821	4150		
	Total of Attendances					8578	
	Tuberculosis Officer's Visits to Dispensaries						308
	Tuberculosis Officer's visits out- side Dispensaries						329

GILLINGHAM DISPENSARY.

No. of New Cases examined, 1914	333
" " admitted to treatment	280
" " not admitted " 	53
	—
	333

Classification of Ages of New Patients Admitted.

Under 5	5 to 15	15 to 25	25 to 35	35 to 45	45 to 55	55 to 65	Total.
years	years	years	years	years	years	years	
5	113	55	48	35	19	5	280
							53

Average Admission of New Cases.

6.4 per week.

Classification of Location of Disease on Admission.

Lungs only	142		
Lungs and Larynx	14		
	----	156	
Doubtful—Lungs... ..	28		
Chronic Bronchitis ...	43		
Pleurisy	9		
	----	80	
		----	236
Glands			27
Bones and Joints.....			6
Mesentery			7
Enteritis			3
Testicle			1

			280

Classification as regards presence of Tubercle Bacilli.

Sputum examined (number of specimens).....	187		
Tubercle bacilli present .. Adults (over 16)	80		
Children (under 16)...	6		
Tubercle bacilli not found Adults (over 16)	53	{	Albumen present 16
Children (under 16)...	48		Albumen present 13
Pneumo-cocci found	7		
,, ,, with tubercle bacilli.....	1		
Sputum not examined	93		
This class includes			
(1) Those who had no sputum.			
(2) Those who failed to send it away, though requested to do so.			
(3) Cases where reports may have been lost.			

Classification of Attendances.

Insured.		Uninsured.		Total.
M.	F.	M.	F.	
1610	679	1237	1986	5512
Average attendances per week				110.5
No. of patients attending at present				201

Classification of Discharges.

Arrest	64	
Improved	48	
Unimproved	35	
	<hr/>	147
Dead		17
Admitted, but attended only once		28
In sanatorium.....		13
		<hr/>
		205
		<hr/>

Of these:—

50 were transferred to other doctors.

7 have left the district.

11 have ceased to attend and cannot be traced.

Medicines supplied, etc.

The dispensing of medicines has been carried out at this dispensary (Gillingham) to a large extent, and it is estimated that from 6,000 to 8,000 bottles of medicine have been made up and dispensed to patients attending. The saving of expense in this respect has been very considerable.

In addition to the above:—

Prescriptions	1100
Tins of Malt and Cod Liver Oil	3462
Bottles of Emulsion	500
Bottles of Cod Liver Oil ...	125

have been given to patients.

DISTRICT No. 3.

The following statement represents the general impression of the work carried out by Dr. Hills, during 1914, at the dispensaries in No. 3 District :—

“ Medical practitioners are showing a growing appreciation that the tuberculosis officer serves the purpose of affording them assistance, and as a result, his services, in consultation, are increasingly made use of. The patients sent to the dispensaries for opinion and treatment show a marked increase in number.

“ Patients apparently appreciate the treatment they receive at the various dispensaries and there has been no difficulty in securing regular attendance. Much disappointment is evinced when patients have to cease treatment at dispensaries, for medical reasons, and they all seem eager to recommence dispensary treatment as soon as it is allowed. The advice given to patients, and the rules suggested to them to carry out at home, have been well followed out, and it has been specially noticeable how patients returned from sanatoria have continued to carry out the hygienic rules which they have experienced in a practical manner in those institutions.

“ The nurses’ services have been very effective in the whole area, and in few cases only have they not been appreciated. The frequent visits by the nurses have caused numerous improvements in the patients’ home surroundings, as specially shewn in the removing of superfluous furniture, the provision of separate sleeping arrangements, and an ample supply of fresh air. In this area about 75 % of the patients have received tuberculin and it is in only a small number of cases that such treatment has had to be discontinued. The results of the administration of tuberculin, used with discretion, appear to have been satisfactory, but it is most important to discontinue such treatment when definite signs appear, that it does not agree with the patient. The effect of the treatment has been to enable patients to return to work without danger to their comrades and to continue their treatment, and in other cases to keep at their occupation but with increased vigour, patients already working. It is to be remarked how many patients express their feeling of regret if they have to miss a dose of tuberculin.

“ Ancillary nourishment has proved of the greatest benefit, and patients who, in several instances showed no improvement, have, since extra food has been allowed, gone straight on and shown continued improvement.”

DISTRICT NO. 4.

The work in the eastern district of the county has proceeded on the usual lines.

When the Folkestone Dispensary was first established there was considerable local opposition which has now diminished. I do not think it can be too often repeated, as I stated in my last report, that the Departmental Committee on Tuberculosis stated:—

“The Committee desire to place on record their opinion that a properly conducted institution is not a source of danger to the neighbourhood.”

Dr. Reissmann took up duty on October 17th, 1914. In these circumstances I think it will be better to postpone reporting in detail on this district until he has had a longer opportunity of carrying on the work there.

DISTRICT NO. 5.

This is a new district, and contains dispensaries as will be seen from the map, at Dartford (headquarters of tuberculosis officer), Bromley, Erith and Gravesend. It is, as yet, too early to report in detail on this district, which will be described fully in my next annual report. A partial report appears on pp. 50-55.

ADDITIONAL FORMS.

The following forms have been added to those reproduced in my last annual report :—

- (a) Monthly report of Tuberculosis Officer to County Medical Officer.
- (b) Circular letter to practitioners enclosing book of forms for reference of patients to dispensaries.
- (c) Copy of form enclosed in letter (6).
- (d) Circular letter to District Medical Officers of Health.
- (e) Circular letter to Chemists *re* Medicines.

Continuation of Form T 72.

SANATORIUM BENEFIT ORGANIZATION (1).

	Forms Med. 1 received and examination requested.	Examinations made :—		Recommended for Treatment on Form Med. 4.	Received Treatment.		
		In Dispensaries.	Apart from Dispensaries.		Pulmonary Cases.	Non-Pulmonary Cases.	Total.
MEN							
WOMEN ...							
Totals ...							

NOTE.—If numbers in Columns 1, 4 and 7 do not agree, please give explanation :—

Continuation of Form T 72.

SANATORIUM BENEFIT ORGANIZATION (2).

Results of Treatment terminating during month ending.....191.....

RESULTS.	SANATORIUM*			HOSPITAL.*			DOMICILIARY†			DISPENSARY†			Grand Total.
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	
Discharged from Treatment.—													
(a) Fit for work ...													
(b) Improved ...													
(c) Without improvement													
(d) Worse ..													
Transferred to another form of Treatment:—													
(a) Fit for work ...													
(b) Improved ...													
(c) Without improvement													
(d) Worse ...													
Treatment discontinued for other than medical reasons													
Died ...													
Total Cases in which Treatment concluded													
Still under Treatment on last day of													
.....191...													
Total Cases treated during month of													
.....191...													

* Figures obtainable from Reports by Medical Officers of Institutions
† Figures should tally with corresponding totals in Table (3), and vice versa.

Continuation of Form T 72.

SANATORIUM BENEFIT ORGANIZATION (3).

*Return taken on the last day of.....191.....

	Total Number of Applicants for Sanatorium Benefit in District.	Number of Applicants approved.	Receiving Institu- tional Treatment.	Receiving Domiciliary Treatment.	Receiving Dispensary Treatment.	Dead.	No further Treatment necessary.	Left the County. — In Private Institu- tions, etc.	Total.
MEN ...									
WOMEN .									
Total ...									

* Figures should tally with return of previous month + tables (2) and (3).

A person recommended more than once for the same form of treatment should be reckoned as one case, and will appear only once in respect of that form of treatment in the appropriate table; a person recommended for two or more forms of treatment will be reckoned as two or more cases, and will appear as separate cases under the appropriate head in respect of each form of treatment given.

(b) Circular Letter to Practitioners.

KENT COUNTY COUNCIL.

Telephone No. 248.

Telegrams :—"Health," Maidstone.

SESSIONS HOUSE,

MAIDSTONE,

ALFRED GREENWOOD, M.D., B.Sc., D.P.H.,

Barrister-at-Law,

County Medical Officer.

July 13th, 1914.

DEAR SIR,

Tuberculosis Dispensaries.

I am enclosing herewith a book of forms for use in connection with the tuberculosis dispensaries, and it will be convenient if, in referring patients to the dispensaries, you will use the forms, indicating thereon for which special purpose you are sending the patient.

The forms have been drawn up in order to save time in writing, and have been printed in such a way as to ensure that any remarks that may be made cannot be read by the patients. All that is necessary is that the form should be folded as indicated, the gummed ends fixed down, and the form addressed to the particular dispensary to which the patient is being sent. A space has been left for the day and time of opening so that I think that there should be no fear of mistakes.

For convenience and for your information, I am appending a complete list of the dispensaries at present open, and I shall be obliged if, in sending patients, you will send them as far as possible at the times, other than in the evenings, when the dispensaries are open.

Yours faithfully,

ALFRED GREENWOOD,

County Medical Officer,

(c). Form of Reference to Tuberculosis Dispensary.

T. 70. **KENT COUNTY COUNCIL TUBERCULOSIS DISPENSARY.**

Name of Patient
Address
.....
Date sent to Dispensary

KENT COUNTY COUNCIL TUBERCULOSIS DISPENSARY.

Name of Patient
Address
.....

*INSURED. *UNINSURED. *CONTACT.

Fold here

Sent to Dispensary for :—
 *EXAMINATION AND OPINION.
 *REPORT AND OPINION.
 *RECONSIDERATION.
 *TREATMENT.

By Dr.....
Address
.....

Fold here

History of Case :—
.....
.....
.....

Remarks :—
Fold here
.....
.....

Date.....191 .
 *Strike out words which are not applicable.

TO THE
TUBERCULOSIS OFFICER,
County Council Tuberculosis Dispensary.

.....
.....
... ..day at.....m.

(d) Circular Letter to District Medical Officers of Health.

KENT COUNTY COUNCIL.

Telephone No. 248.

Telegrams :—"Health," Maidstone.

SESSIONS HOUSE,

MAIDSTONE,

ALFRED GREENWOOD, M.D., B.Sc., D.P.H.,

Barrister-at-Law,

County Medical Officer.

MAY 19th, 1914.

DEAR SIR,

Re Notification Books.

It is important that the Tuberculosis Officers attending the County Council Tuberculosis Dispensaries should be provided with notification books for cases of tuberculosis occurring within the sanitary areas served by the various dispensaries.

If you have not already done so, will you therefore kindly see that Dr. is supplied at theTuberculosis Dispensary with a book of notification forms.

Yours faithfully,

ALFRED GREENWOOD,

County Medical Officer.

The Medical Officer of Health,

.....District.

(e) Circular Letter to Chemists, *re* Medicines.

KENT COUNTY COUNCIL.

ALFRED GREENWOOD, M.D., B.Sc., D.P.H.,
County Medical Officer.

SESSIONS HOUSE,
MAIDSTONE.

DEAR SIR,

As you are aware, the Kent County Council have established tuberculosis dispensaries throughout the county, one of which has been opened in your neighbourhood. Certain medicines are required, and I am writing to ask if, in the event of your wishing to do so, you will let me have an estimate for lots of fifty bottles of the six mixtures, of which I send prescriptions. I should be glad also of an estimate for lots of fifty and one hundred one-pound pots of (a) cod liver oil and malt, and (b) cod liver oil emulsion.

The medicines would be required to be made up, corked, and labelled with County Council labels (which I would send to you), and delivered to the dispensaries.

I shall be obliged by the receipt of an early reply.

Yours faithfully,

ALFRED GREENWOOD,
County Medical Officer.

I would refer you to my annual report for 1913 for a description of all the other forms and letters which are now in use in connection with the county tuberculosis scheme.

SECTION II.

Tuberculosis Institutional Organization.

(1) Lenham Sanatorium.

It will be remembered that in my last report I was able to state that the Local Government Board were prepared to approve the plans which had been made by Mr. Hall, the architect appointed by the Kent County Council for the above institution. Shortly after this approval was received, as the result of my conference with the Canterbury City Council, and their acquiescence in my suggestions, I recommended that all the institutional treatment for Canterbury patients should be provided at Lenham, and stated that, in my opinion, it was desirable to modify the plans in the following ways:—

- (1) That an additional pavilion of twenty-five beds should be built.
- (2) That the administrative block should be extended to allow for such extra staff as would be necessary for the increased number of beds.

These recommendations were approved by the County Council at their meeting on May 20th, 1914, after having been submitted to the Parliamentary Committee at their meeting on April 25th, 1914.

Mr. Hall proceeded immediately to modify the plans in accordance with my suggestions, and made the following observations:—

“Referring to our interview of the 24th instant, when you informed us of the possible addition of twenty-five beds to the sanatorium and asked us to show how these could best be added, we have now given careful consideration to the subject and herewith we send you a block plan showing how this addition could be readily made at the present time.

“We propose to put a one-storey pavilion south of the main block and about 16'6" lower than the ground floor of that main block. You will thus see that it in no way obstructs the prospects from the original buildings, while it is itself sheltered from the north and entirely open to the south.

“If twenty-five beds be added we propose to heat four two-bed wards in the main block in addition to, and alongside of, the twenty beds at present to be heated, so that you will have concentrated together twenty-eight beds available for sick nursing should that be required.

“The new twenty-five beds would all be for ambulant cases. We have provided that about half shall be available for each sex, giving separate sanitary annexes to the east and west blocks. In the centre, one duty room will control the whole. There will be no heating in these ambulant wards, but if, as is probable, we should advise the

adoption of gas as a means of heating, we should supply hot water to the bath rooms, drying rooms and duty rooms.

“ We have shown the block divided into nineteen single rooms and two wards of three beds each, but if you desire to have fewer single bed wards we could of course throw two or more into one ward.

“ We are also sending you $\frac{1}{8}$ " scale plans of the administration building, by which you will see that this is slightly elongated in order to get in the additional staff accommodation that would be necessary for the twenty-five extra patients. We thus get four extra nurses' rooms, making twelve nurses and sisters in all, and three extra maids' rooms, making thirteen in all, plus one cook.

“ We have not increased the number of porters, as we did not understand from you that this would be necessary.

“ The dining hall has not been increased in size. We have simply increased the length of the tables, bringing them out to the south wall, by which means we get seating accommodation for 118, and having regard to the possible sick cases this will, we think, be adequate.

“ We have increased the size of the nurses' dining room.

“ We have not increased the laundry as we think with good machinery you could do all the work required in each week.

“ Beneath the nurses room we now have two excellent covered shelters, one on each side of the hall, open to the south, each about seventeen feet by eleven feet. These can be used as day rooms if desired.”

The amended plans were submitted to the Public Health Committee of the County Council on April 28th, 1914, who approved the same. Finally the approval of the Local Government Board to the same was received in a letter dated May 13th, 1914.

Advertisements duly appeared inviting tenders for the building of the sanatorium, and the tender was duly placed with Messrs. West Bros., of Rochester, for the sum of £20,860, after approval by the County Council at their meeting on August 5th, 1914.

The contractors commenced building operations early in September, 1914, and I am glad to be able to report these have been continued since then without interruption, and I am hopeful that there will be no delay, owing to the war with its resulting interference in the labour market, in the erection of the institution.

By December 31st, 1914, considerable progress had been made despite the severe weather and other adverse circumstances.

The following is the detailed estimate drawn up by Mr. Hall, of the cost of the sanatorium :—

Tuberculosis Sanatorium for the County of Kent.

DETAILED ESTIMATE OF COST.

		£	s.	d.	£	s.	d.
I.	Purchase of Land...				1,554	9	0
II.	Legal Expenses ...				39	7	3
III.	Structure of New Buildings ...				14,422	0	0
IV.	Works of Drainage and Sewage Disposal ...				1,500	0	0
V.	Works of Water Supply ...				250	0	0
VI.	Fittings and Fixtures, including Engineering Works connected with :—						
	Dispensary and Post Mortem Fittings...	110	0	0			
	Weighbridge ...	110	0	0			
	Laundry and Wash-house ...	494	0	0			
	Kitchen Fittings and Apparatus ...	395	0	0			
	Disinfecting Apparatus ...	124	0	0			
	Mug and Plate Racks ...	40	0	0			
	Steam Services, Heating Apparatus, and Hot Water Supply	831	0	0			
	Fire Services ...	112	0	0			
	Works for Electric Lighting Generating Plant, Wiring, including boilers, &c.	1,331	0	0			
		3,547	0	0			
	Builders work in attending on, cutting away for, and making good after the foregoing Specialists 10 %	354	0	0			
					3,901	0	0
VII.	Boundary Fencing ...				175	0	0
VIII.	Roadmaking and Paving ...				500	0	0
IX.	Furnishing ...				1,250	0	0
X.	Architect's Charges ...				1,050	0	0
	Quantity Surveyor's ditto and Lithography ...				312	0	0
	Salary of Clerk of Works ...				208	0	0
	Contingencies ...						
XI.	Other Items if any ...	25	2	0			
	Proportion of cost of redeeming the Land Tax and Legal Expenses in connection therewith:—						
	Cost of Survey, Valuation &c., of the land ...	23	16	3			
	Cost of Planting Hedge ...	164	0	0			
					212	18	3
	Total ...				£25,374	14	6

Date 31st July, 1914.

Separate Estimate for Each Block.

Building.				Cubic feet.		At per cubic foot.		Estimated Cost.		
								£	s.	d.
Main Building	...	...	...	354,860	...	7½d.	...	11,089	0	0
Small Pavilion	...	...	...	39,619	...	7d.	...	1,155	0	0
Laundry	...	...	...	28,849	...	7d.	...	841	0	0
Lodge	...	...	...	10,883	...	6d.	...	272	0	0
Mortuary	...	...	...	8,161	...	6d.	...	204	0	0
Total				...	...	..	...	£13,561	0	0
Trenches	...	...	...	...	...	...	...	91	0	0
Contingencies	...	...	...	...	...	...	...	770	0	0
Total				...	...	...	...	£14,422	0	0

The building being one for 125 beds, the builders' tender works out at about £167 per bed for the work covered by the specification, and when to this have been added the cost of the land, the redemption of the land tax, the cost of furnishing and equipment, the cost of providing the water supply, the planting and laying out the ground, the architect's fees, and wages of the clerk of the works, as shewn in the estimate, the total cost works out at £203 per bed.

The Local Government Board has adopted the financial recommendations, made by the Departmental Committee, in regard to the distribution of the capital grant. This Committee, while recognizing that the capital cost must vary, stated that it should not, as a rule, exceed £150 a bed inclusive of cost of site and equipment, and proceeded to recommend that capital grants should be made up to three-fifths of the cost per bed, provided that the total grant does not exceed an average of £90 per bed.

In view of the fact that the total cost per bed of the Lenham Sanatorium cannot, as stated above, in spite of rigid economy be less than £200 per bed, the County Council applied to the Local Government Board for a capital expenditure of three-fifths of the actual expenditure.

In reply to this application, a letter was received from the Local Government Board, of which the following is an extract:—

“I am to state that the Board are in communication with the Treasury in regard to the amount of the capital grant which they will be prepared to make towards the cost of the sanatorium, but that in any case the grant would not exceed £90 a bed, including that made in respect of the purchase of the site.

“The Board are advised, however, that without any great additional cost, some further beds might be provided in shelters. In this connection I am to draw attention to the remarks on page 3 of the enclosed copy of a memorandum on the provision of new residential institutions for the treatment of pulmonary tuberculosis, and to state that the Board would be prepared to consider a proposal to provide not more than 15 additional beds in shelters. Any such beds in shelters (not exceeding 15) may be included in the number of beds in respect of which a grant of £90 will be made.”

The remarks on page 3 of the memorandum, referred to as being enclosed with the above communication, are as follows:—

“SHELTERS.—Owing to the difficulties in supervision and administration it is undesirable to have a large proportion of the sleeping accommodation in shelters, and as a rule provision of this kind should not exceed ten per cent. of the total accommodation. Electric bell communication should be provided between each shelter and the

nurses' duty room. These shelters may be used for training patients, about to leave the sanatorium, to sleep in shelters after they return home. It is desirable, therefore, that the shelter used should be simple in construction, and similar to those lent for use at home."

Accordingly, I recommended to the County Council that the suggestion should be adopted, and the fifteen shelters provided, (the cost of each shelter will be about £14, so that by this means a concession of £1,140 will be obtained), and made the following report to the Public Health Committee:—

"I visited the site on November 24th, 1914, with a view to considering where the fifteen shelters could be placed. As a result of my inspection I made the following suggestions, viz., that the shelters might be arranged singly on separate concrete bases, or in pairs, in two groups.

- (a) A group of nine or ten between the extreme left of the men's wing and the coppice behind it, and
- (b) A group of five or six between the extreme right of the women's wing, and the road leading into the sanatorium.

"I certainly think that the shelters for women should either be in pairs or should be large enough to contain two beds.

"Mr. Hall, the Architect, agreed that the positions mentioned were suitable and has sent a sketch of the shelter which he suggests should be provided. The following is an extract from Mr. Hall's letter concerning this proposed shelter:—

" ". . . . It consists in a room of the specified size, viz., 7ft. 0ins. × 6ft. 0ins. inside, the height being about 7ft. to the eaves.

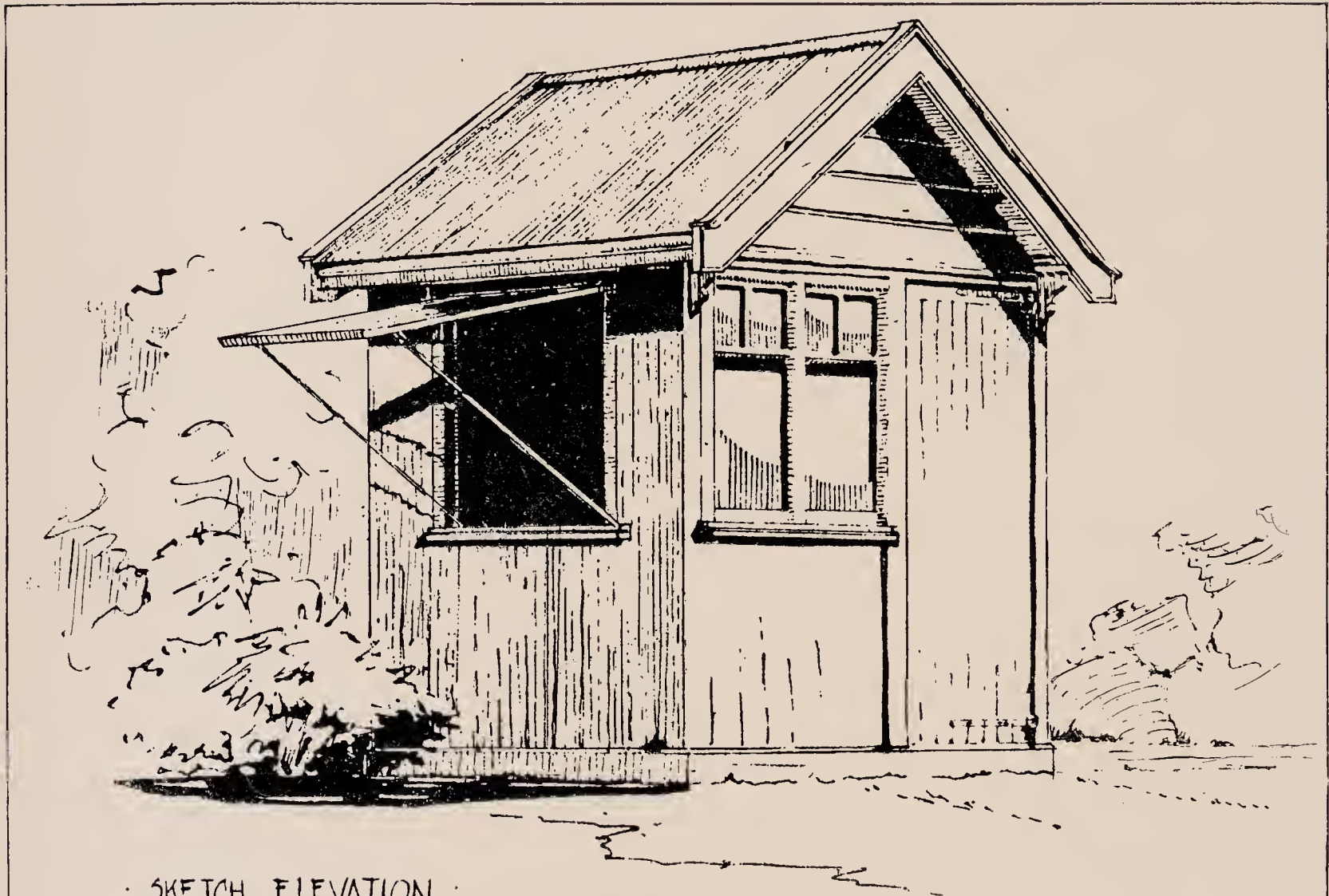
"The walls are made of match-boarding, and the front has a door to open outwards with lock and furniture. The other three sides are to have three shutters formed of 1in. or 1¼in. framing covered with one sheet of asbestos on the outside, hung at the top with cross garnet hinges and secured so as to open practically at right angles with two iron stays and with hook end and eye complete, say 3ft. in width by 3ft. in height, fitted with 6in. barrel-bolt for fastening when closed, with window in front, the roof to be boarded and covered with roofing felt. The shelter is to have a wooden floor on joists laid on a concrete foundation or slab all over the site extending 4ins. beyond the outer face.

" ". . . . As I have got windows and doors on every side, it seems to me the revolving business is unnecessary because the shutters could always be shut to windward if it is raining.

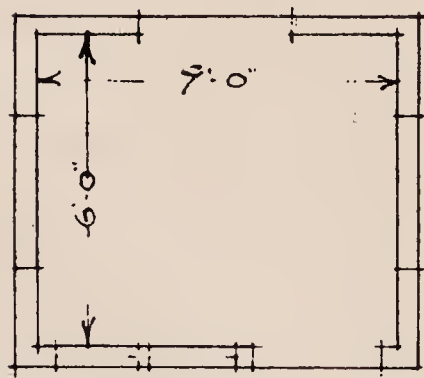
" ". . . . I think perhaps it would be better to keep each shelter separate. I notice you only want five on the women's side

Kent County Council—Lenham Sanatorium.

OPEN-AIR SHELTER.



· SKETCH ELEVATION ·



· PLAN ·

EDWIN T. HALL, F.R.I.B.A. FRANK
E. STANLEY HALL, M.A., A.R.I.B.A.
ARCHITECTS,
54 BEDFORD SQUARE, W.C.

and therefore perhaps two of these could be large enough to contain two beds each, the other three being single ones, thus giving accommodation for seven women.'

"The provision of these fifteen beds in shelters will thus increase the County Council accommodation at the Lenham Sanatorium to 130 beds."

I append a sketch of the shelter designed by Mr. Hall for this purpose.

Mr. A. E. Lofts was appointed clerk of the works on August 28th, 1914, and commenced his duties on August 31st.

A reference to the plans will show the site, situation of the building on the site, and a block plan of the sanatorium.

The following description of the proposed method of disposing of the sewage of Lenham Sanatorium, and to which, after consultation with Mr. Hall, I have agreed will be satisfactory, will be of interest:—

Description of Proposed Sewage Works.

All works are formed below the level of the ground and will be surrounded by a bank formed of spoil earth so that they will not be unsightly from the sanatorium or grounds. The works shown consist of four biological slate beds, having a total water capacity of one day's dry weather flow, formed by excavations in the ground lined with slate slabs and having concrete floors. The great advantage of this method of construction, in addition to economy, is that the slabs can be taken out and refixed to enlarge or re-arrange the works to such an increase in flow due to the extensions to the sanatorium, without being destroyed, as in the case of concrete or brickwork, and the slate, besides having a clean and neat appearance, is impervious to frost, being non-absorbent. All the beds are fitted with automatic tipping buckets at the inlets controlled by outlet flushing syphons and emptied automatically.

All the beds are fitted with watertight hand valves at the outlets in addition to syphons.

Each of the slate beds will be filled with slate filling consisting of rough quarter-inch thick slabs of slate separated vertically by approximately two inch cube blocks of slate, so that a very large surface is provided for the cultivation of the various organisms, and owing to the open nature of the construction, a bed cannot choke up, and will drain properly and will therefore obtain the maximum aeration.

The effluent from the slate beds will be discharged automatically to four small humus drying beds, through which it will filter to a rubble drain 200 feet long laid in the chalk subsoil, and from which it

will soak away. The humus beds are formed of brickwork on concrete floors, and will be partially filled with small graded hard clinker laid on under drains.

Description of Process.

The slate bed process may be described as artificially improved land treatment. Many surfaces of naturally formed mud containing enormous numbers of various bacteria and small worms are superimposed and supported on slate shelves separated by cubes of slate, so that complete drainage and aeration are obtained in working. When a bed is filled with sewage, the solids in suspension very quickly settle in the two inch spaces between the slates on to the thin deposit of mud (about a quarter of an inch thick) formed on each slate naturally from previous charges of sewage, and covered with a film of bacteria, which instantly commence to spread and multiply over the freshly deposited sewage solids, which act as a new food supply.

After about two hours' quiescent settlement, the effluent is drawn off as quickly as possible without disturbing the freshly deposited solids, and fresh air fills the beds. Thereupon numerous minute worms from microscopic size up to half an inch in length, rise to the surface of the mud to obtain oxygen (perforating and so aerating the mud) and deposit upon the surface in the form of worm casts the indigestible matters and humus residue from the previous solids, thus partly burying the freshly deposited sewage matters.

As the bed is again filled with sewage some hours later, the first gentle flow of the rising water washes the worm casts loose and they are carried down in time, during the drainage of the beds, from layer to layer of the slates and finally to the floor of the bed, and out with the effluent, when they are known as "*humus*," the quantity being in proportion to that of the solids sent into the beds and its character being similar to the *earthy substance* produced by *completely* rotted manure.

The humus in this scheme will be discharged with the effluent from the slate beds to the humus filters where it will be held up on the surface of the fine clinker and form a mud cake quite inoffensive in character, which will be removed about once a fortnight by an attendant, and this work will be all the attention required beyond the daily inspection to see that the automatic apparatus is working satisfactorily and is kept clean and lubricated.

Cost.

The cost of constructing these works complete will be from two-hundred and seventy-five pounds to two-hundred and eighty-five pounds (£275-£285), including setting out the work and all necessary

plans and supervision by engineers and the forming of the rubble drain shown. The cost of supervision when the works are in use will be nominal, as the plant will work automatically night and day and will only require the attention mentioned above.

Absence of Nuisance.

As the fresh sewage will be distributed to the various beds by a closed pipe, it will only be exposed to the air at the inlets to the beds, and as the sewage will be dealt with in a perfectly fresh condition no nuisance will arise from this cause and for the same reason the effluent from the slate beds will be quite inoffensive, provided the sewage is not allowed to stand too long a time in a slate bed before it is discharged.

That there is no nuisance from the slate beds themselves is shown by the Royal Commission's report where it states that:—"No offensive odour could be detected in the bed even when standing at the bottom of it on a hot day; in fact it smelt exactly like a damp cellar."

As the effluent from the slate bed will be discharged on to the humus filters having an open communication with the rubble drain, it will filter away very freely provided the humus beds are kept reasonably clean by the attendant, so that the effluent will only be exposed to the air while it is soaking away.

(2) **Institutions for Advanced Cases.**

As stated previously, in addition to the beds in the Central Sanatorium at Lenham I recommended that the County Council should retain seventy-five hospital beds for a period of years in existing institutions in the county, provided the managing bodies thereof were willing so to contract, and provided suitable conditions could be arranged. This advice was accepted by the County Council at once.

After many inquiries it appeared that with the authorities of only three Isolation Hospitals in the county could arrangements be made on a comparatively large scale, viz. :—

- (a) Milton and Sittingbourne Joint Hospital Board.
- (b) Bromley and Beckenham Joint Hospital Board.
- (c) Tunbridge Wells Corporation.

(a) **Milton and Sittingbourne.**

After various conferences, the following agreement was drawn up between the Kent County Council and the Milton and Sittingbourne Joint Hospital Board for forty beds for tuberculous patients :—

AN AGREEMENT made the twenty-fourth day of April one thousand nine hundred and fourteen between the County Council of Kent (hereinafter called "the Council") of the one part and the Sittingbourne and Milton Joint Hospital Board (hereinafter called "the Board") of the other part. Whereas the Board are the owners of an Isolation Hospital situate at Keycol Hill, Bobbing, in the County of Kent, and they are proposing, with the assent of the Local Government Board, to acquire five acres three roods twenty-six perches of land adjoining thereto as a site for the erection of a sanatorium which is to be built in accordance with plans and specifications to be approved by the Council and the Local Government Board as part of the scheme of the Council for the institutional treatment of persons suffering from tuberculosis. And whereas the Board have agreed with the Council subject to the approval of the Local Government Board to provide for the maintenance and treatment of patients at the said sanatorium upon the terms and conditions hereinafter appearing. Now it is hereby agreed by the parties hereto as follows :—

1. The Council will apply to the Local Government Board for a grant-in-aid of the Board's capital expenditure in acquiring the said site and erecting the said sanatorium, and will pay over to the Board all sums which the Council may receive in respect of such grant. In order to provide for the residue of the required expenditure the Board will raise a loan upon the best terms obtainable by them, such loans to be repayable within the period of twenty years from the granting thereof.

2. Subject to the limitations contained in the two following clauses hereof the Council may at any time send or cause to be sent to the said sanatorium any person suffering from tuberculosis, and the Board shall cause every person so sent to be received into the said sanatorium and to be there provided with proper food, medicines, accommodation, nursing and medical and surgical attendance for such period of time as may be necessary. The Board shall not for any reason except wilful misconduct cause any patient to be removed from the said sanatorium. The county medical officer, as the chief tuberculosis officer of the council and any assistant tuberculosis officer of the council who may be so authorised by the county medical officer shall at all times during the continuance of this agreement have the right of access to tuberculous patients under treatment at the sanatorium. And the medical officer of the sanatorium and his assistant medical officer shall comply with all reasonable requirements which may be made by such tuberculosis officer with regard to the patients' treatment.

3. The Council shall not be entitled to have under treatment at the said sanatorium on any one day more than twenty male and twenty female patients altogether, and the Board shall not be bound to receive any patient in excess of such numbers.

4. The Board shall not be bound to receive any patient who is not furnished with an admission order signed on behalf of the Council, nor any patient of whose intended arrival at the sanatorium notice has not been given on the preceding day.

5. On the death of a patient, whilst under treatment at the sanatorium, a notice in writing will be immediately given by the matron to the nearest known relative of the deceased, and if the body be not previously buried or arrangements made for its burial by such relatives the Board will on the third day after death give notice thereof to the Council who shall immediately take steps for the removal and burial of the body. If the Council shall neglect to cause the body to be removed the Board shall after the fifth day after death cause the body to be buried and all expenses incidental to the burial shall be borne by the Council.

6. The Council shall pay to the Board in the third week of the months of February, May, August and November, immediately after the quarterly meetings of the Council the following sums, namely:—

- (a) For, and in respect of the maintenance, and treatment of patients during the preceding quarter at the rate of thirty shillings per week per bed.
- (b) All sums of money expended annually by the Board in respect of repayment of the loan to be raised by them to defray the residue of the cost of providing and

furnishing the said sanatorium and of the interest due thereon. Such sums to be paid immediately after the next quarterly meeting of the Council, after the official vouchers in support thereof shall have been furnished by the Board to the Council.

(c) Any expenses incurred by the Board under Clause 5 hereof.

7. If any question, dispute or difference shall arise between the parties hereto in respect of any subject matter of this agreement or of the interpretation of this agreement or in respect of any payment to be made or of anything done or to be done hereunder or of any other matter arising out of the provisions of this agreement such question, dispute or difference shall on the application of either of the parties be referred to the Local Government Board for determination by them as arbitrators or otherwise or at the option of the Local Government Board by an arbitrator appointed by them.

8. This agreement shall (if approved by the Local Government Board) come into operation on the first day of October next and shall continue in force for the period of twenty years thereafter.

9. The Council shall have the option of continuing this agreement providing the terms thereof have been duly carried out for a further term of ten years upon giving notice in writing of their intention to exercise such option at least twelve calendar months before the expiration of the term of twenty years for which the agreement is hereby made.

10. During the continuance of this agreement the Board will be at all times prepared to comply with any general rules which the Local Government Board may make in regard to sanatoria.

In witness whereof the Council and the Board have interchangeably caused their Common Seals to be hereto affixed the day and year first above written.

The Common Seal of the Sittingbourne and
Milton Joint Hospital Board was hereto
affixed at a Meeting duly convened in
the presence of

(Signed) E. CECIL HARRIS,
Clerk.

HENRY PAYNE,
Chairman.

Description of Building.

The following description and plans indicate the accommodation, etc., of these forty beds which have been provided in a building erected on the site of the Milton and Sittingbourne Isolation Hospital. (A reference to the plans will show the site and also a block plan of the building).

The building is one story high, facing nearly south, and is divided in the centre by the duty room, 18-ft. \times 17-ft., fitted with a close range, a roomy cupboard, and a white glazed sink. On one side of this room is a larder and a coal store, and underneath it is a heating chamber containing a furnace for supplying hot water for baths and domestic purposes, and a second furnace for heating the entire building by low pressure hot water radiators.

To the west of the duty room is a wing for the accommodation of twenty male patients, comprising one dormitory for eight beds, five wards for two beds each, and two single bed wards.

In the centre of this wing are provided two bathrooms, two w.c's, and a lavatory fitted with four basins.

Situate between the dormitory and the wards is a clothes store of ample size and a cloak room.

On the south side of the wing is an open verandah 120-ft. \times 8-ft., and on the north side is a covered way 4-ft. wide, forming an approach to the ward sinks, which are built out from the back of the duty room.

To the east of the duty room is a second similar wing for the accommodation of twenty female patients.

At a clear distance of 40-ft. from the front of duty room, and approached from it by a covered way, is a detached block comprising separate dining halls for male and female patients, each with its store and small washing-up room.

The buildings are quite plain in character, cemented and distempered inside and out, and with 2-ft. thick concrete internal partitions, and concrete floors. Roofs are of boarding covered with ruberoid.

All drains are connected to the public sewer.

Lighting is by means of gas.

There have been great difficulties in the building of the new block. I am glad, however, to be able to report that these have been largely overcome and at the time of publication of this report the building is nearly ready for occupation.

(b) **Bromley and Beckenham Joint Hospital.**

In view of the fact that the Kent Insurance Committee had made temporary arrangements with the Bromley and Beckenham Joint Hospital Board for the treatment in their small-pox hospital of cases of pulmonary tuberculosis, I hoped that some arrangements might be made for the use of the same building by the County Council.

An offer was made to the Hospital Board, who were unable to accept it and negotiations in that direction ended. It therefore became necessary to find another institution in connection with which suitable arrangements could be made.

(c) **Tunbridge Wells Fever Hospital.**

I then commenced negotiations with the Tunbridge Wells Town Council and made the following report to the County Council:—

“I visited Tunbridge Wells on Tuesday, December 29th, 1914, and met the Health Sub-Committee of the Town Council with the object of discussing an arrangement whereby the Tunbridge Wells Corporation would provide and maintain twenty-five ‘hospital’ beds as part of the Kent County Council’s Tuberculosis Scheme:—

“On behalf of the Kent County Council, I proposed an arrangement on the following lines:—

- “ (1) The Tunbridge Wells Corporation to erect a building on the land belonging to the Corporation, and lying to the south-east of the present isolation hospital, such site and building to be in accordance with the requirements of, and approved by, the Local Government Board, and to contain accommodation for twenty-five patients suffering from tuberculosis.
- “ (2) Three-fifths of the cost of the building and fittings (such three-fifths not exceeding £90 per bed) to be provided by the Local Government Board, and the remaining two-fifths by the Town Council.
- “ (3) The Kent County Council to pay all loan charges and interest in respect of the sum (two-fifths) provided by the Town Council under paragraph (2).
- “ (4) Three-fifths of the cost of any necessary extension of the administrative block to be provided by the Local Government Board, and the remaining two-fifths by the Tunbridge Wells Town Council.
- “ (5) The Kent County Council to pay to the said Town Council the sum of thirty shillings per week, for each

patient, during his or her stay, this to cover all medical attendance, nursing, board, rates, taxes, firing, light, washing, repairs and other outgoings, except the loan charges and interest.

- “ (6) Six beds to be reserved for such Tunbridge Wells patients as the County District Tuberculosis Officer may certify in consultation either with the medical officer of health of the borough or with any medical practitioner attending a patient within the borough, as proper to be admitted to the hospital. If there is no vacancy, at the time a Tunbridge Wells patient requires admission, room to be made for him, or her, by sending a non-Tunbridge Wells patient to some other hospital. The Tunbridge Wells preferential claim under this clause to be limited to six beds.
- “ (7) A proper agreement to be entered into between the Kent County Council and the Tunbridge Wells Corporation, embodying these terms. Such agreement to be for a period of twenty years.”

These negotiations were still proceeding on December 31st, 1914.

(3) **Institutions for Cases of Non-pulmonary Tuberculosis.**

The provision of accommodation for cases of non-pulmonary tuberculosis has proved difficult, as I anticipated. Efforts were made to secure a small number of beds at the Royal Sea Bathing Hospital, Margate, at St. Bartholomew's Hospital, Rochester, and at the Kent and Canterbury Hospital. In no case could the authorities make the suggested arrangements.

I am glad, however, to report that arrangements have been made for the reservation of three beds at the West Kent Hospital, Maidstone, and I am at present in negotiation on the same lines with authorities of the General Hospital, Tunbridge Wells, and I hope shortly to have made successfully, arrangements for all the ten beds.

I reproduce here a copy of the agreement made with the West Kent Hospital, Maidstone :—

AGREEMENT made the thirteenth day of June one thousand nine hundred and fourteen between the Kent County Council (hereinafter called the Council) of the one part and the West Kent General Hospital of Maidstone (hereinafter called the Hospital) of the other part.

WHEREAS the Council has with the approval of the Local Government Board formed a scheme for the treatment of tuberculosis in their area and is desirous of securing as part of such scheme a certain number of hospital beds for the treatment of cases of non-pulmonary tuberculosis.

AND WHEREAS the in-patients department of the hospital was on the 20th April, 1914, temporarily approved by the Local Government Board for the treatment of cases of non-pulmonary tuberculosis for the period expiring on the 15th January, 1915, subject to certain conditions with which the hospital is prepared to comply.

NOW IT IS HEREBY AGREED between the Council and hospital as follows :—

1. The hospital will at all times during the continuance of this agreement and whenever there are beds available receive as in-patients any three persons who may be suffering from non-pulmonary tuberculosis and are certified by one of the Council's Tuberculosis Officers to be so suffering and to be in need of hospital treatment. The hospital will as soon as a bed is available receive each such patient upon such certificate and will not require such patient to be furnished with any in-patient's letter of admission signed by a Governor of the hospital.

2. The Council will during the time when each such patient is under treatment in the hospital pay the sum of thirty shillings per week for the maintenance in the hospital of each such patient, such sum to include all proper and necessary surgical and medical treatment and nursing and dressing and all proper nourishment.
3. Each of such patients shall be entitled to remain under treatment in the hospital for a period of two months unless before that time the surgeon in charge of the case in the hospital certifies that such patient may be properly discharged at an earlier date.
4. This Agreement shall continue until the 15th January, 1915, and thereafter (if the hospital receives the further approval of the Local Government Board) until such time as it shall be determined by three months' notice from either party.

IN WITNESS whereof the Council have caused their Common Seal to be hereto affixed and William Cuthbert Lewis Esquire as Secretary and on behalf of the Governors of the West Kent General hospital has hereunto set his hand and seal the day and year first above written.

Signed, Sealed and delivered by William
Cuthbert Lewis on behalf of the
Governors of the West Kent General
Hospital in the presence of:—

Grace E. Gregory,
Millwood,
Wrotham Heath,
Kent.

W. C. LEWIS.

Occupation, Spinster.

Again, during the year under review, I have had the advantage of valuable advice and suggestions from Mr. Prosser, the Clerk of the Kent County Council, for which I am extremely grateful.

PART III.

KENT INSURANCE COMMITTEE.

Section I.—Administration of Sanatorium Benefit.

Section II.—Statistics of Sanatorium Benefit.

Section III.—Aids to the Treatment of Tuberculosis.

SECTION I.

Administration of Sanatorium Benefit.

The work of the year under review has been one of consolidation and improvement in those details of administration, the general principles of which were described in my last annual report. This work has been continued vigorously, in spite of the war, and in view of the fact that through this period the administration has not suffered, and that during the year under review there have been no complaints on purely administrative matters, it may be concluded that the general principles adopted hitherto are sound, and, so far as I am able to judge, may be followed permanently.

During the year 1914 there have been 661 applications for Sanatorium Benefit, a large proportion of which have originated at the County Council dispensaries. When it is remembered that there is an insured population in the County of Kent, of almost 300,000, this number of applications appears to be very low indeed. The reason for this may be found in the lack of appreciation on the part of many panel doctors and patients, as to the scope of this benefit. It cannot be too often repeated that, from the point of view of the individual patient, as well as that of the public health, it is the duty of all panel doctors to see that all their insured patients suffering from tuberculosis of whatever part of the body, should apply for sanatorium benefit.

The provision of a space on the "notification" form under the Public Health (Tuberculosis) Regulations, 1912, for a statement as to whether the patient is "insured" or not, would in my opinion, facilitate matters considerably, as many cases of "insured" persons have come to my notice who have been "notified," but who have not applied for sanatorium benefit.

The now completed system of twenty tuberculosis dispensaries throughout the county, as mentioned above, is already helping in this way, and, with the spread of the knowledge that any patient who has "consumption," or who thinks that he has, or may have, that disease, may attend at any dispensary for examination, some increase in numbers may be anticipated. I hope that this will be realised.

I am glad to be able to report that the dispensaries are being increasingly used for the purpose of getting patients "approved" for this benefit. They have the merit that by this means the patient is brought at once into touch with the tuberculosis officer, and, if eligible, the patient is approved, with the least possible delay, for sanatorium benefit.

Nothing further has yet been done with respect to the proposed agreement between the Kent County Council and the Kent Insurance

Committee. Possibly this will be prepared nearer the time when the County Council have their own residential institutions available. In the meantime, the Insurance Committee are contributing one half the cost of the dispensary scheme, not exceeding £3,173 per annum, and are continuing to make their own temporary arrangements for residential institutional treatment. Also they have for the specific purposes of sanatorium benefit the remainder of the sums available under that heading.

The following matters connected with the general administration of sanatorium benefit have received the consideration of the Kent Insurance Committee during the year 1914.

Firstly, as to the form of recommendation for sanatorium benefit, the committee have agreed with the form suggested by the Insurance Commissioners in their memorandum of which the following is an extract:—

“Insured persons are not entitled to Sanatorium Benefit unless recommended therefor. Such a recommendation, however, confers a title to benefit, and as it is essential from the medical point of view that where such title has been conferred the Committee should still retain a discretion as to the form of treatment the benefit should take, not only in the first instance, but from time to time on a review of the patients' condition and progress, it is desirable that the Committee should adopt some recommendation which would leave it open to the Committee to nominate the patient from time to time for any form of treatment other than domiciliary suitable to the progress of the case. The Commissioners suggest the following as a suitable form of words:—‘The Committee recommend A. B. for sanatorium benefit, the form and duration of the treatment to be such as the Committee may from time to time determine, domiciliary treatment to be given until the Committee nominate some other form of treatment.’”

Secondly, as to the treatment of discharged sailors and soldiers, the Insurance Committee received a communication from the Insurance Commissioners stating that the special arrangements existing with the Army Council for the treatment of discharged soldiers (members of approved societies) terminated as from December 15th, 1913, and that soldiers would proceed, after discharge, to their appropriate Insurance Committee area, and treatment arranged by that Committee in the usual way.

The Kent Insurance Committee were of opinion that many soldiers, discharged from military hospitals in the county, would probably remain in Kent, and that therefore a heavy charge might be made on the Sanatorium Benefit Fund in respect of discharged soldiers whose original domicile was not in Kent. Further the same conditions applied to discharged sailors.

The Commissioners, in reply to this opinion, stated that they do not anticipate that Committees for areas containing a disproportionate number of stations will in fact be adversely affected in regard to claims for sanatorium benefit.

The Committee decided therefore to accept the Commissioners' reply and to take no further action until such time as they find a disproportionate number of claims for sanatorium benefit by discharged soldiers and sailors.

Thirdly, as to health lectures, the Committee decided that a sum of £150 should be allocated from the General Purposes Fund to meet the cost of a scheme of health lectures, the scheme to provide :—

1. Caravan tour extending for a period of about three or four weeks, to be arranged in conjunction with the National Association for the Prevention of Consumption and other forms of Tuberculosis.
2. Cinematograph lectures in various parts in the county.
3. General Educational Work. The various education authorities in the county to be asked to co-operate with the Committee by giving suitable instructions during school hours.

The outbreak of war has necessitated the postponement of these lectures, though it is hoped that they will be undertaken as soon as possible after the conclusion of war.

In the administration of sanatorium benefit throughout the year, Mr. Watts, the Clerk of the Kent Insurance Committee, has continued to give me his advice and help most willingly, and I am extremely grateful to him for the same.

The various forms which were reproduced in my last annual report have been used, with slight modifications, during the year 1914. There have been a few additions thereto, of which the following may be given. These are in the form of stencil letters, which are sent out, for general convenience, by the tuberculosis officers as occasion indicates, and such changes in treatment are reported to the Committee on Form Med. 4a.

These letters are reproduced as follows and are self-explanatory :—

Letter No. 1. Sent to Panel Doctor when a Patient is transferred
from Dispensary to Domiciliary Treatment.

KENT COUNTY COUNCIL.

Telephone No. 248.

Telegrams :—"Health," Maidstone.

SESSIONS HOUSE,

ALFRED GREENWOOD, M.D., B.Sc., D.P.H.,

MAIDSTONE.

Barrister-at-Law,

County Medical Officer.

DEAR SIR,

Sanatorium Benefit.

Name..... No.....

This patient has until recently been attending at the
Dispensary. In Dr..... opinion his condition is now such that
attendance there is no longer desirable, and as I understand that the patient's
name is on your list of insured persons I am writing to ask you to give the
patient domiciliary treatment (at any rate for the present).

The patient has been instructed to this effect by Dr.....,
and herewith are the usual domiciliary forms.

I shall report this arrangement in the usual way to the Insurance
Committee, at whose discretion "Sanatorium Benefit" is provided.

Yours faithfully,

ALFRED GREENWOOD,

County Medical Officer.

Dr.....

Letter No. 2. Sent to Patient, confirming letter No. 1.

KENT COUNTY COUNCIL.

Telephone No. 248.

Telegrams :—"Health," Maidstone.

SESSIONS HOUSE,

ALFRED GREENWOOD, M.D., B.Sc., D.P.H.,

MAIDSTONE.

Barrister-at Law,

County Medical Officer.

DEAR SIR (OR MADAM),

Sanatorium Benefit.

Case No.....

As I understand from Dr..... that it is no longer advisable for you to attend at the..... Dispensary, I am to-day writing to Dr..... asking him to continue your treatment at home.

I shall report this arrangement in the usual way to the Insurance Committee, at whose discretion "Sanatorium Benefit" is provided.

Yours faithfully,

ALFRED GREENWOOD,

County Medical Officer.

Letter No. 3. To Panel Doctor.

KENT COUNTY COUNCIL.

Telephone No. 248.

Telegrams:—"Health," Maidstone.

SESSIONS HOUSE,

ALFRED GREENWOOD, M.D., B.Sc., D.P.H.,

MAIDSTONE.

Barrister-at-Law,

County Medical Officer.

DEAR SIR,

Sanatorium Benefit.

Re..... *No*.....

This patient, who prior to his admission to a sanatorium was under your care, has now completed his course of treatment and has been discharged. He (she) has been recommended by the Medical Superintendent of theSanatorium for dispensary treatment, and I shall be obliged if you will let me know whether you have any objection to the patient receiving "Sanatorium Benefit" in this form, or whether you would prefer him to return to your care and to receive domiciliary treatment. On receipt of your reply, I can then make the necessary arrangements.

Yours faithfully,

ALFRED GREENWOOD,

County Medical Officer.

Letter No. 4.—To Panel Doctor.

KENT COUNTY COUNCIL.

Telephone No. 248,
Telegrams :—"Health Maidstone."

SESSIONS HOUSE,
MAIDSTONE.

ALFRED GREENWOOD, M.D., B.Sc., D.P.H.
Barrister-at-Law,
County Medical Officer.

DEAR SIR,

Sanatorium Benefit.

Re *No.*.....

This patient who, prior to his (her) admission into a sanatorium was under your care, has now left the sanatorium and has been recommended by the Medical Superintendent of the Institution for further treatment and in particular for domiciliary treatment.

I am writing to ask you to give this patient domiciliary treatment, for which the necessary forms are being sent on to you.

I enclose for your information a copy of the report from the sanatorium, and if you desire the tuberculosis officer to see the patient again, perhaps you will write to him. He will, at a later date, be reconsidering this case, but as to this you will be communicated with.

I shall report this arrangement in the usual way to the Insurance Committee, at whose discretion "Sanatorium Benefit" is provided.

Yours faithfully,

ALFRED GREENWOOD,

County Medical Officer.

Dr.....

Letter 5. To Patient after report from Institution.

KENT COUNTY COUNCIL.

Telephone No. 248.

Telegrams :—"Health," Maidstone.

SESSIONS HOUSE,

ALFRED GREENWOOD, M.D., B.Sc., D.P.H.,

MAIDSTONE.

Barrister-at-Law,

County Medical Officer.

DEAR SIR (OR MADAM),

Sanatorium Benefit.

Case No.....

I have received a report from the Medical Superintendent of the sanatorium from which you have been discharged, stating that further treatment is recommended in your case.

I have communicated with your doctor and it has been arranged that you shall now receive treatment from him at the..... Dispensary.

Please therefore attend as instructed and follow carefully any instructions which may be given to you.

I shall report this arrangement in the usual way to the Insurance Committee, at whose discretion "Sanatorium Benefit" is provided.

Yours faithfully,

ALFRED GREENWOOD,

County Medical Officer,

Letter No. 6.—To Panel Doctor.

KENT COUNTY COUNCIL.

Telephone No. 248.

Telegrams :—"Health," Maidstone.

SESSIONS HOUSE,

ALFRED GREENWOOD, M.D., B.Sc., D.P.H.,

MAIDSTONE.

Barrister-at-Law,

County Medical Officer.

DEAR SIR,

Sanatorium Benefit.

Re..... *No*.....

This patient has now been reconsidered by the tuberculosis officer, Dr.....who is of opinion that ^{he}_{she} is in need of further treatment, and he has recommended that further sanatorium benefit in the form of dispensary treatment should be provided, the patient to attend at the.....Dispensary.

I shall be obliged if you will let me know if you have any objection to such arrangement, as you may prefer ^{him}_{her} to return to your care and to receive domiciliary treatment.

Unless I hear from you to the contrary, I shall direct the patient to attend at the dispensary, and I shall report the arrangement in the usual way to the Insurance Committee, at whose discretion "Sanatorium Benefit" is provided.

Yours faithfully,

ALFRED GREENWOOD,

County Medical Officer.

Dr.....

Letter No. 7.—To Panel Doctor.

KENT COUNTY COUNCIL.

Telephone No. 248.

Telegrams :—"Health," Maidstone.

SESSIONS HOUSE,

ALFRED GREENWOOD, M.D., B.Sc., D.P.H.,

MAIDSTONE.

Barrister-at-Law,

County Medical Officer.

Sanatorium Benefit.

Re..... *No*.....

DEAR SIR,

This patient has now been reconsidered by the tuberculosis officer, Dr. who is of opinion that ^{he}_{she} is in need of further medical treatment, and he has recommended that further "Sanatorium Benefit" in the form of domiciliary treatment should be provided.

As I understand that this patient's name is on your list of insured persons, I am writing to ask you to give this patient domiciliary treatment, for which the necessary forms are being sent on to you.

I shall report this arrangement in the usual way to the Insurance Committee, at whose discretion "Sanatorium Benefit" is provided.

Yours faithfully,

ALFRED GREENWOOD,

County Medical Officer.

Dr.....

Letter No. 8. To Patient after "reconsideration" by Tuberculosis Officer.

KENT COUNTY COUNCIL.

Telephone No. 248.

Telegrams :—"Health," Maidstone.

ALFRED GREENWOOD, M.D., B.Sc., D.P.H.,

Barrister-at-Law,

County Medical Officer.

SESSIONS HOUSE,

MAIDSTONE.

DEAR SIR (OR MADAM),

Sanatorium Benefit.

Case No.....

As the result of Dr.....reconsideration I have received a recommendation that you should receive further "Sanatorium Benefit."

I have communicated with your doctor and it has been arranged that you shall receive further treatment (from him) (at the Dispensary).

Please therefore attend as instructed and follow carefully any directions which may be given to you.

I shall report this arrangement in the usual way to the Insurance Committee, at whose discretion "Sanatorium Benefit" is provided.

Yours faithfully,

ALFRED GREENWOOD,

County Medical Officer.

Letter No. 9. To Panel Doctor asking for return of Domiciliary
Forms.

KENT COUNTY COUNCIL.

Telephone No. 248.

Telegrams :—"Health," Maidstone.

SESSIONS HOUSE,

ALFRED GREENWOOD, M.D., B.Sc., D.P.H.,

MAIDSTONE.

Barrister-at-Law,

County Medical Officer.

DEAR SIR,

Sanatorium Benefit.

Domiciliary Treatment.

Patient's Name..... No.....

I shall be obliged if you will be so good as to forward to the tuberculosis officer for the district the domiciliary forms and the quarterly report now due in respect of this patient.

A stamped envelope has been provided for this purpose, and a similar envelope will be sent when a fresh supply of forms is returned to you.

Yours faithfully,

ALFRED GREENWOOD,

County Medical Officer.

(a) **Domiciliary Treatment.**

Domiciliary treatment is given, as soon as possible after application and approval, to all patients except those for whom the practitioners, in consultation with the tuberculosis officers, think dispensary treatment preferable.

The routine procedure remains as described in my last annual report. The domiciliary forms are sent to the doctor by the tuberculosis officers, together with a confirming letter. An intimation is sent also to the patient.

So far as I am able to judge, domiciliary treatment is being given satisfactorily in the county. I am glad to be able to state that I have had but few complaints, and these have, as a rule, been readjusted satisfactorily.

On the administrative side, the keeping of the necessary forms is far from satisfactory. There has, however, been some improvement in this respect during 1914, as compared with 1913, owing partly to the more convenient sub-division of the county, and the appointment of a fifth tuberculosis officer, with resulting improved general supervision.

No attempt is made to get the temperature chart filled up completely, in many cases. It serves, it is true, as a continuous record, but any other facts are purely clinical, and can only be filled in at the doctor's discretion. On the other hand, the quarterly reports can be filled in fully, and it is the receipt of these, with the corresponding charts, which is necessary, in compliance with the terms of the Domiciliary Order of July 26th, 1912.

Probably the chief reason for the improvement, in this matter, is the increased vigilance of the tuberculosis officers who, by means of a better system of re-consideration, are on the look-out for the forms in particular cases, when due, and who send letters where necessary, reminding the practitioners of the same. In accordance with the statement in my last report I have investigated in some detail the question of domiciliary treatment, and the following are the statistics of this form of sanatorium benefit for the year 1914:—

Of the 661 patients who applied during 1914 for sanatorium benefit, 381 have received domiciliary treatment for varying periods, or are in receipt thereof at the end of the year. Of the total number of patients (1390) who between July 15th, 1912, and December 31st, 1914, applied, and were approved, for sanatorium benefit, the number who at any time received domiciliary treatment was 978. The total number of patients who received domiciliary treatment for any period during 1914 was 615.

During 1914, 338 quarterly reports were received, and of this number, in one district the number received was 55 out of a proper total of 123. As some further indication of the extent to which domiciliary treatment was given during the year, reference to the statistical tables will show that on January 31st, 1915, 307 patients were receiving domiciliary treatment.

During the year I have sent an additional letter to the medical practitioners on the panel, calling their attention particularly to the last article of the Domiciliary Order already mentioned. The following is a copy of the letter referred to :—

KENT INSURANCE COMMITTEE.

DEPARTMENT OF COUNTY MEDICAL OFFICER,
SESSIONS HOUSE,
MAIDSTONE,
November 23rd, 1914.

DEAR SIR,

Sanatorium Benefit.

Domiciliary Treatment.

I am writing to amplify my circular letter of March 20th, 1914, in one particular respect.

A copy of my Report on Tuberculosis and the Administration of Sanatorium Benefit has already been sent to you.

This contains (pp. 176, 177) a copy of the General Order of the Local Government Board respecting the Domiciliary Treatment of Tuberculosis (July 26th, 1912).

Your special attention has not before now been called to Article II. (7), and so far as I am able to judge very little, if anything, has been done with regard to the question raised in that Article, which is as follows:—

“That the Medical Practitioner from time to time inform the Medical Officer of Health of the Sanitary District in which the patient resides, of any circumstances known to the Medical Practitioner which may affect adversely the sanitary conditions under which the patient is living, and in respect to which action by the Medical Officer of Health or of the Sanitary Authority would, in the opinion of the Medical Practitioner, be necessary or desirable.”

In view of the importance of this subject I beg to draw this Article to your notice and trust that the matter will receive your attention.

Yours faithfully,

ALFRED GREENWOOD,

County Medical Officer and Expert Medical Advisor to
the Kent Insurance Committee.

To the Medical Practitioners on the
Panel List for the County of Kent.

(b) **Dispensary Treatment.**

Many more patients are now receiving sanatorium benefit in the form of dispensary treatment than formerly. It will be seen from the statistical tables, that 206 patients were, on January 31st, 1915, receiving this form of treatment, in all cases with the consent of the doctors on whose respective panel lists such patients had been placed.

From all the accounts I receive, this form of treatment seems especially popular with the patients, although it must be allowed that tuberculous patients generally are peculiarly apt to extol the virtues, for a time, of a different form of treatment, given by a new medical man. This must be taken into account in estimating the general position.

At the same time, the standard of treatment in the dispensaries remains at a high level, and everything is done to help these patients as much as possible. These efforts are appreciated by the patients universally. It is certainly true that, as a rule, there is considerable disappointment when it becomes necessary, as it does at times, for the patients to be transferred to domiciliary treatment. This transference is made when very serious complication ensues, or seems likely to ensue, and when the effort of coming to the dispensary is more than is good for the patients, or for domestic, or other reasons. Such patients are, of course, re-transferred to dispensary treatment, if, and when, such reasons named above do not obtain.

The Insurance Committee decided that, under certain conditions, the travelling expenses of patients attending at tuberculosis dispensaries, for purposes of examination or treatment, should be allowed at the discretion of the District Committees. This has already proved a relief to some patients.

(c) Institutional Treatment of Insured Patients for the year ending December 31st, 1914.

As mentioned previously, institutional treatment in the county has only been possible for insured persons, and has been provided for those persons recommended for such treatment, by the Insurance Committee in a manner similar to that in the preceding year, and a description of which appeared in my last annual report.

Beds for Men.

On January 1st, 1914, the agreements between the Kent Insurance Committee and the two joint hospital boards (viz., Bromley and Beckenham and Sittingbourne and Milton), which provided for the treatment of twenty-five and seventeen male patients respectively, were renewed with slight modifications. Twenty-eight beds were reserved at the Bromley Sanatorium, and this number was increased later to thirty-one beds. This temporary arrangement ended on December 31st, 1914, and since then it has been necessary to find the required accommodation as a temporary measure at the Benenden Sanatorium.

The agreement between the Kent Insurance Committee and the Sittingbourne and Milton Joint Hospital Board, was renewed for four months from January 1st, 1914, subsequently for three further months from May 1st, 1914, and finally to January, 1915. Owing, however, to an outbreak of scarlet fever in that district these beds were required for that disease, and the tuberculous patients had to be discharged, in accordance with the terms of the agreement.

Further institutional treatment was provided for such patients as required it, either at Bromley or at Benenden.

These beds now being used for scarlet fever will not again be required by the Insurance Committee, as at an early date the forty permanent beds arranged by the County Council for tuberculous patients at Keycol Hill will be ready for occupation and will probably be occupied entirely, until the Lenham Sanatorium is available, by insured persons.

As stated in the early part of this report, it is also hoped that a permanent agreement between the Kent County Council and the Tunbridge Wells Corporation will be made for the erection similarly of twenty-five beds in connection with the Tunbridge Wells Isolation Hospital. It is possible that these likewise may be used, for a time, for insured persons only.

A certain number of beds have been occupied by insured persons in other institutions, such as Benenden, where three beds have been reserved, in accordance with arrangements made. A few cases have been sent to various other institutions.

Beds for Women.

There has been continued difficulty in arranging for institutional treatment for women, though I am glad to say this has diminished considerably by an agreement made for six months for seven beds at the Whitmead Sanatorium. Further, it has been easier during 1914 to arrange for the admission of women to vacant beds in various other sanatoria, than formerly. The agreement by which the Kent Insurance Committee have had the use of four beds at the Eversfield Chest Hospital, St. Leonard's-on-Sea, has been continued during the year. A further agreement has been made for the reservation of three beds at the Maltings Farm Sanatorium.

In fact, at the end of the year there were fewer women waiting for institutional treatment than men, which can be regarded as more satisfactory than the previous year's record.

The following table shows the number of patients admitted to the various institutions from July 15th, 1912, to December 31st, 1914:—

	Male.	Female.	Total.
Benenden	24	—	24
Keycol Hill	142	—	142
Bromley.....	206	—	206
Eversfield	—	29	29
Whitmead.....	—	41	41
Nayland	6	22	28
West Kent Hospital, Maidstone ...	8	—	8
Margate Royal Sea Bathing Hospital	13	12	25
Bournemouth	3	3	6
Ventnor.....	11	8	19
Brompton	13	13	26
Pinewood	7	—	7
Midhurst	1	3	4
St. Barnabas Home, Torquay.....	1	—	1
St. Thomas's Hospital.....	1	2	3
Cheddar.....	—	1	1
City Road Chest Hospital	—	1	1
Blencathra Sanatorium	—	1	1
Crooksbury	—	7	7
Mount Vernon H.	—	14	14
Fairlight	2	—	2
Dreadnought Hospital.....	1	—	1
	<hr/> 439	<hr/> 157	<hr/> 596

SECTION II.

Statistics of Sanatorium Benefit from July 15th, 1912, to December 31st, 1914.

The following is the return taken on the last day of January, 1915:—

	Total Number of Applicants for Sana- torium Benefit.	Number of Applicants Approved.	Receiving			Dead.	No Further Treatment Necessary.	Left the County for Private Institu- tions, &c.
			Insti- tutional Treat- ment.	Domi- ciliary Treat- ment.	Dispen- sary Treat- ment.			
Men ...	986	979	50	208	137	301	201	82
Women	426	422	32	99	69	64	106	52
Total...	1412	1401	82	307	206	365	307	134

Total number of patients who applied for sanatorium
benefit during 1914 656

Of this number, there have received, or are receiving,
 Domiciliary Treatment 381
 Dispensary Treatment..... 353
 Institutional Treatment 265

Total number of patients up to and including those
applying in 1914, who have at any time received
 Domiciliary Treatment 978
 Dispensary Treatment..... 543
 Institutional Treatment 593

SECTION III.

Aids to the Treatment of Tuberculosis.

(1) Nourishment Ancillary to Treatment.

The scheme outlined in my annual report for 1913, appears to have worked very well during 1914. The procedure described therein has been followed throughout.

During 1914, 393 orders were issued for patients to receive such nourishment.

It may be of interest if I describe the guiding factors in granting nourishment ancillary to treatment.

As a general rule, I do not think ancillary nourishment should be recommended when the patient is following his employment unless his remuneration is very small. On the other hand, I think it might be recommended in the case of a married man just able to carry on his employment but needing the extra nourishment to keep him going.

I do not agree, in general, to recommend ancillary nourishment in the case of an unmarried man living at home and receiving sickness benefit and other club money, unless prior to his falling ill he had been earning good wages and was supporting his family. Probably in most instances ancillary nourishment ought not to be granted to unmarried men living at home.

There is no doubt whatever about recommending cases where the insured person has several dependents and is in receipt only of sickness or disablement benefit, or perhaps is a post office contributor. Over and above all these instances, however, comes the consideration of the general condition of the patient. If a patient is well nourished and in good general condition, it is clear that statements about financial difficulties, starvation, &c., must be accepted with some caution. There is always the personal element present in any recommendation. This causes some divergence and unequal distribution of this benefit, but I feel sure that, wherever either the patient has not been getting enough food, or whereby his getting enough he has been depriving other members of his family, and has applied for ancillary nourishment, such has been granted.

(2) **Dental Treatment.**

The opinion is generally held that in cases of tuberculosis, particularly of the pulmonary form, recovery is retarded, or perhaps rendered impossible, by the need of dental treatment.

After considerable correspondence the Insurance Commissioners expressed the opinion, during the year, that an Insurance Committee can properly provide dental treatment for insured persons recommended for sanatorium benefit, where, in the absence of such treatment, the patient would derive no benefit from the general treatment for tuberculosis accorded to him.

Accordingly I was empowered by the Insurance Committee to arrange for dental treatment in those cases where I could certify that such treatment is an essential part of the effective treatment of the case, and, acting on this, dental treatment has been provided in a few special cases during 1914.

In order the more clearly to define the extent to which dental treatment could be given, a further letter was addressed to the Insurance Commissioners early in 1915 by the Clerk to the Kent Insurance Committee, to which the Insurance Commissioners replied that if any particular form of dental treatment, as *e.g.*, the provision of artificial teeth, is certified by the Committee's medical adviser to be essential in a particular case to render the patient's general treatment for tuberculosis effective, such dental treatment may, in the opinion of the Commissioners, properly be provided by the Committee. The Commissioners have laid it down that each case must be carefully considered by the Committee in consultation with their medical adviser, and any general or automatic provision of dental treatment as a normal accompaniment of the treatment of insured persons suffering from tuberculosis is outside the Committee's powers.

(3) **Special Apparatus.**

This has been provided occasionally when considered necessary during the year, and included water-beds, spinal jackets, special splints, artificial limbs, etc.

CONCLUSION.

It is evident from all I have said that the problem of tuberculosis in Kent is being attacked vigorously from many standpoints. A continuance and an extension of these measures are necessary. The Kent County Council and the Kent Insurance Committee may rest assured that such measures are sound and scientific.

A handwritten signature in cursive script, reading "Alfred Greenwood". The signature is written in dark ink and is positioned centrally below the main text block.

APPENDICES.

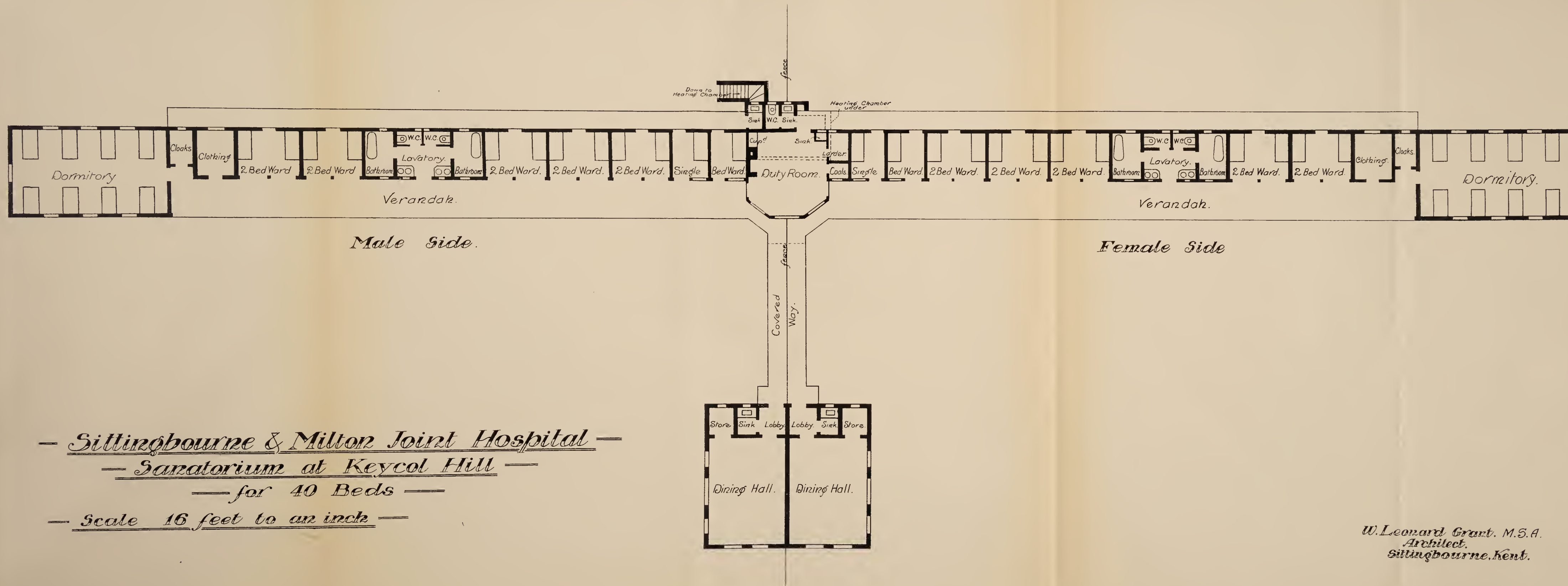
- A Sketch Map showing boundaries of Dispensary Areas.
- B Site Plan of Sittingbourne and Milton Joint Hospital.
- C Plan showing tuberculosis beds at Sittingbourne and Milton Joint Hospital.
- D Sketch Map showing Lenham and District.
- E Site Plan of Lenham Sanatorium.
- F General Plan of Lenham Sanatorium.

Sketch Map Showing the Boundaries of the Dispensary Areas.





W. Leonard Grant, M.S.A.
Architect,
Sittingbourne.



— Sittingbourne & Milton Joint Hospital —
 — Sanatorium at Keycol Hill —
 — for 40 Beds —
 — Scale 16 feet to an inch —

W. Leonard Grant, M.S.A.
 Architect.
 Sittingbourne, Kent.



Sketch Map Showing Lenham and District.
 Site of Central Sanatorium is indicated by the dotted Area.

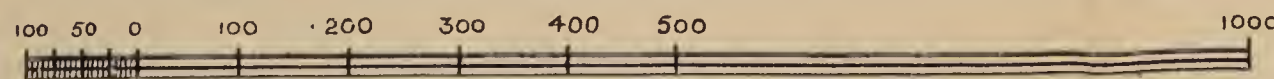
SCALE - SIX INCHES TO ONE STATUTE MILE.

KENT COUNTY COUNCIL. LENHAM SANATORIUM



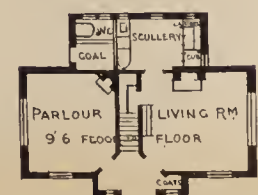
SITE PLAN

Scale of Feet.

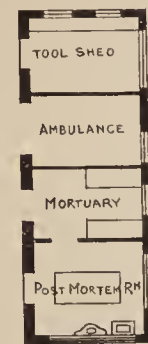


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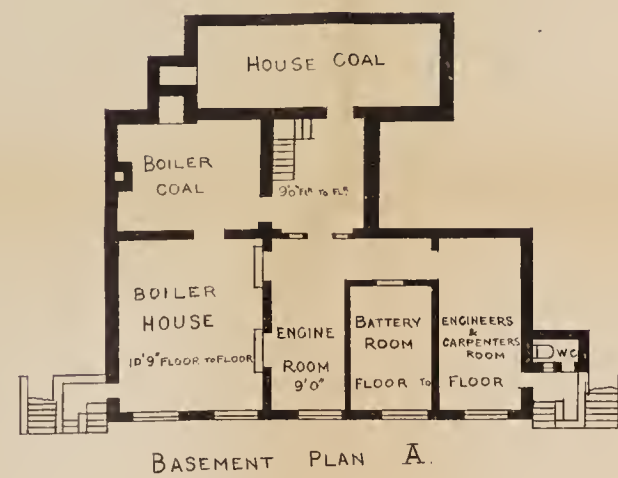
KENT COUNTY COUNCIL LENHAM SANATORIUM. GENERAL PLAN.



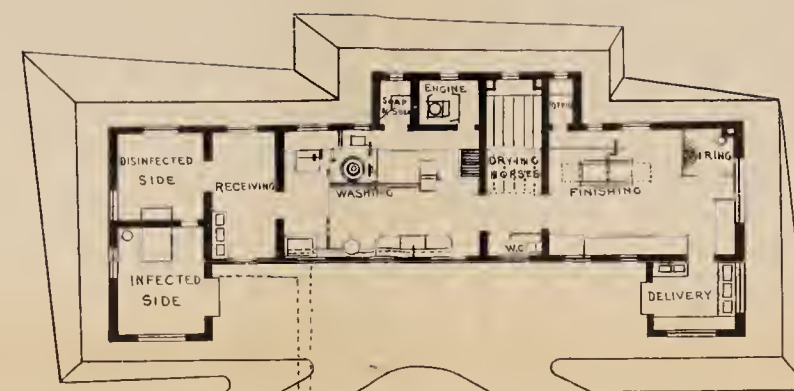
ENGINEER'S HOUSE



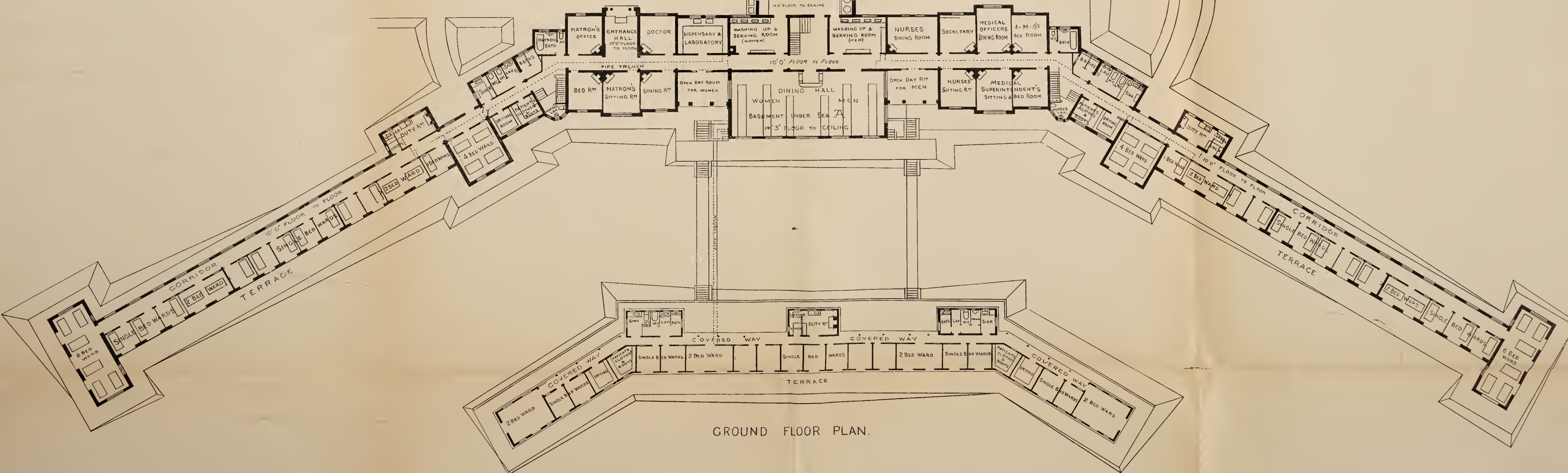
MORTUARY ETC.



BASEMENT PLAN A.



KITCHEN



GROUND FLOOR PLAN.

SCALE OF 10' 5' 0' 10' 20' 30' 40' 50' 60' 70' 80' 90' 100' 110' 120' 130' 140' 150' 160' 170' 180' 190' 200' FEET.

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